



**WELCOME TO...**

**AQUATIC TIMES SWIM ACADEMY–  
SWIM LESSONS**

**...Where warm water, individual attention and fun are the norm!**

*We're so glad you've chosen to swim with us! Now let's get acquainted:*

How did you hear about us? \_\_\_\_\_

What summer team do you swim with? \_\_\_\_\_

Swimmer 1's name/age \_\_\_\_\_ DOB \_\_\_\_\_

Swimmer 2's name/age \_\_\_\_\_ DOB \_\_\_\_\_

Swimmer 3's name/age \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Dad's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mom's occupation \_\_\_\_\_ Dad's Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Dad's cell# \_\_\_\_\_ Mom's cell # \_\_\_\_\_

Why did you choose our lessons program? \_\_\_\_\_

What are your (and/or your child's/children's) hopes/expectations of this lessons program for your child/children? \_\_\_\_\_

I, \_\_\_\_\_, understand and agree that I must sign up and pay for the minimum 8 lessons requirement (a session) & I understand & agree with ATSA's cancellation and unused lessons policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## AQUATIC TIMES SWIM ACADEMY– SWIM LESSONS

### CANCELTION OR UNUSED LESSONS POLICY: (READ CAREFULLY)

If at anytime for whatever reason a session (8 lessons) is not completed as scheduled due to your decision, ATSA will NOT refund any part of the session(s) fees, as we have scheduled an instructor and still have to pay that instructor AND because we could have scheduled another student(s) in the time slot we gave to you.

The only reason lessons or sessions are rescheduled is because of student's illness or catastrophic event. In that case, they must be rescheduled and completed by the end of our season, which typically runs from the beginning of March through the end of October of the same year. Otherwise, you forfeit the entire session fee, as we have scheduled an instructor and still have to pay that instructor AND because we could have scheduled another/other student(s) in the time slot we gave to you.

You are assigned specific days and time slots based on your needs or our availability. If you are late for your lesson, we can only teach within that time slot assigned to you. We CANNOT carry over into the next time slot in order to give you your full 30 minutes, as there are usually other students scheduled before and after you OR an instructor may not be available OR an instructor would need to be paid for the extra time.

**No make-ups are available in the case of clinics, group or semi-private lessons. Therefore, no refunds are available for missed classes. Make-ups** are only available for **private lesson** participants **IF** the swimmer's and instructor's schedules can be matched up, but is not always a given, so please DO NOT EXPECT make-up lessons or a refund for missed classes. However, if ATSA directors/instructors cancel lessons, an effort will be made to set up make-up classes, or refunds will be given if you are not able to schedule make-ups lessons.

I, \_\_\_\_\_ (print name), parent/guardian of

[swimmer(s) name(s)] \_\_\_\_\_ (print),  
have read thoroughly the above policies, agree with and will abide by them.

Signature \_\_\_\_\_ Date \_\_\_\_\_



*Aquatic Times  
Swim Academy*

## AQUATIC TIMES SWIM ACADEMY– SWIM LESSONS

### WAIVER/RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, (print name) \_\_\_\_\_, the parents/guardian of the swimmer(s), \_\_\_\_\_, registered in the Aquatic Times Swim Academy clinic/lesson program acknowledge swimming and diving can be hazardous activities. We further recognize there are risks inherent in these sports, including, but not limited to paralyzing injuries and death. We hereby, agree to participate in this program and, therefore also agree to hold Aquatic Times Swim Academy owners, instructors, directors, employees, agents and/or officers free and harmless from any liability for personal injuries or damages your participant, yourself and anyone else who attends with you/them may incur during lessons, clinics, practice, meets, socials and any other clinic activities, including, but not limited to transportation. I further agree to indemnify Aquatic Times Swim Academy for any damages incurred arising from any claims, demand, action or cause of action by the participant, parents, guardians, guests and anyone else who attends with you/them.

In case of emergency, in our absence, and if our family Dr. is not able to be reached, I authorize an Aquatic Times Swim Academy representative to approve medical care, and give our permission to use the closest medical facility. I agree to pay all costs associated with medical care and transportation for the participant.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Dr.'s Name and # \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Insured's Name \_\_\_\_\_

Alternate Contact person (relationship & phone#) \_\_\_\_\_

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Is there anything we need to know about your child's health, medical conditions, mental or physical limitations/disabilities, medications, temperament, allergies, etc.? \_\_\_\_\_

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ROUND HILL COUNTRY CLUB  
3169 Round Hill Rd., Alamo, CA. 94507

**FULL RELEASE AND INDEMNIFICATION**

For and in consideration of my child(ren)'s \_\_\_\_\_

\_\_\_\_\_

participation in AQUATIC TIMES SWIM ACADEMY (ATSA) CLINICS/LESSONS (swim and/or dive/start types) and any social activities, the undersigned parents or guardians consent to the above named child(ren)'s participation at *Round Hill Country Club*. We acknowledge and understand the nature of the activities and the associated risks of participation in the ATSA programs. We hereby release and forever discharge the members, officers and employees of *Round Hill Country Club* from any potential liability claims, actions or causes of action resulting from their negligent acts or omissions resulting in any accident or injury to said child(ren) during going to or coming from ATSA activities. We also agree to indemnify, defend and assume all expenses, costs, attorney's fees and losses arising from any injury or accident to said child(ren) and to hold harmless *Round Hill Country Club*, its members, officers and employees from any claims arising there from.

***SPECIAL NOTES:***

*Those waiting for their lesson/clinic students and the students MAY NOT use the baby pool or hot tub.*

Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



## McConnell Family Private Home Pool

### FULL RELEASE AND INDEMNIFICATION

For and in consideration of my child(ren)'s \_\_\_\_\_

\_\_\_\_\_.

participation in AQUATIC TIMES SWIM ACADEMY (ATSA) CLINICS/LESSONS (swim and/or dive/start types) and any social activities, the undersigned parents or guardians consent to the above named child(ren)'s participation at the **McConnell Family Private Home Pool**. We acknowledge and understand the nature of the activities and the associated risks of participation in the ATSA programs. We hereby release and forever discharge the **McConnell Family** from any potential liability claims, actions or causes of action resulting from their negligent acts or omissions resulting in any accident or injury to said child(ren) anyone/everyone accompanying them during going to or coming from ATSA activities. We also agree to indemnify, defend and assume all expenses, costs, attorney's fees and losses arising from any injury or accident to said child(ren) and to hold **McConnell Family Private Home Pool** from any claims arising there from.

Print Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

#### SPECIAL NOTES:

You **MUST** close the gate securely upon entering and leaving.



Aquatic Times  
Swim Academy

7-24-10

## AQUATIC TIMES SWIM ACADEMY – CHILD SWIM LESSONS

### SCHEDULE/FEEES/RULES:

**(READ CAREFULLY and return with your registration.)**

**NOTE: A minimum of 8 lessons (a session) are required for all participants.**

**Private Lessons Rates**– \$40 p. ½ hr. / \$27 p. 20 min. lesson for 2-4 yr. olds

**Semi-Private Lessons (2 students) Rate**– \$30 p. ½ hr. p. student

**Group Lessons Rates (3- 4 students p. hr.)**– \$96 p. hr. (cost can be divided between those taking group lessons)

### **IMPORTANT REDUCTION OF FEES NOTE...**

**SPECIAL DISCOUNT RATES if signed up for lessons by Sept. 30, 2010!!**

~Private Lesson Rates- \$66 p. hr. or \$33 p. ½ hr. / \$23 p. 20 min. lesson for 2-4 yrs. old

~Semi-Private Lessons (2 students) Rate– \$25 p. ½ hr. p. student

~Group Lessons Rates (3- 4 students p. hr.)– \$72 p. hr. (cost can be divided between those taking group lessons)

~Plus, **we are reducing the admin. fee** for this time period- \$10 p. “family” fee for the rest of the year if you register by Sept. 30, 2010.

~We are **also cutting in half the minimum required lessons** if you register by Sept. 30, 2010. Thus, you only have to sign up for at least 4 lessons.

### **All fees must be paid in the following way:**

~An extra non-refundable \$20 yearly admin. fee p. student MUST be sent in with registration forms with a \$50 non-refundable deposit p. student for every 8 lessons that goes toward lessons cost OR you may send in the full payment for your 8 lessons. If you cancel before lessons start and you’ve sent your deposit and admin. fee, they will NOT be refunded. We operate on a “first pay-first receive” basis to reserve time slots. All fees and lesson totals must be paid by first week of lessons. **We must receive these two amounts & every page of the registration pack within a week of your contact with us in order to hold the spot(s) you requested.**

**(Make checks payable to JFE, not Aquatic Times.)**

~Lessons will not be canceled in the case of light rain, mildly cold or windy weather unless we notify you. **If there is any question in your mind, please call.** Be assured that we will get your children out of the pool immediately if thunder sound is too near, and especially if we see lightning.

~Parents and guests/family members must sit in designated waiting area and observe quietly. Please **DO NOT talk to your child, coach or other students while they are in lessons.**

~Please make sure your child has gone to the bathroom so they’ll not miss part of what is being taught. **There is no urinating allowed in the pool.**

~Give children a little protein and water about an hour before coming to lessons. Protein calms/balances them/helps their focus/attentiveness. Water hydrates them – especially important on hot days – and keeps their blood running clean, helping supply their bodies with oxygen needed in the brain for clarity and to the muscles for body movement.

~If your children have eaten, **YOU** need to make sure food and food wrappers are thrown away. Leave the pool deck and bathrooms in “better condition than you found them.”

### **Confirmation of children attending from your family and their cost for clinic –**

Child 1 – Dates/Days _____	Time _____	Cost _____
Child 2 – Dates/Days _____	Time _____	Cost _____
Child 3 – Dates/Days _____	Time _____	Cost _____
Child 4 – Dates/Days _____	Time _____	Cost _____

925-387-0816

www.aquatictimes.com

E-mail – at@aquatictimes.com

Mailing address: 762 Shell Ave. #6 - Martinez, CA. 94553

Pool location - 3169 Round Hill Rd., Alamo, CA.



**AQUATIC TIMES SWIM ACADEMY**  
**Media Permission Release Form**

*Aquatic Times  
Swim Academy*

The owners of Aquatic Times Swim Academy (ATSA), Gordon and Debbie Johnson, are also owners of Aquatic Times online newszine which covers aquatic sports, athletes, coaches and other happenings in and around Contra Costa County primarily. It is viewed in 60+ countries and has a very large readership. From time to time they like to post photos of and info about the participants of ATSA. Gordon and Debbie prefer to get permission of those participants who are under 18 years of age. If you don't mind your child appearing in AT ([www.aquatictimes.com](http://www.aquatictimes.com)), please complete the information needed and sign below.

My child may appear in Aquatic Times (AT) online newszine until I otherwise notify AT.

(Circle below what you are comfortable with having appear about your child(ren) in AT.)

- 1. photo
- 2. name and
- 3. information

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print your name \_\_\_\_\_

Relationship to the child(ren) \_\_\_\_\_

Name(s) of child(ren) \_\_\_\_\_

Name(s) of child(ren) \_\_\_\_\_

Name(s) of child(ren) \_\_\_\_\_

Name(s) of child(ren) \_\_\_\_\_

Name(s) of child(ren) \_\_\_\_\_

Name(s) of child(ren) \_\_\_\_\_