



Aquatic Times
Swim Academy

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 _____

5% Additional DISCOUNT to our lessons and clinics!! YES ___ (mark an X in box), I want to be an "AT Newsletter Member" Please subscribe our family.

925-381-7730

www.aquatictimes.com

E-mail – at@aquatictimes.com

Mailing address: 420 N. Civic Dr., Walnut Creek, CA 94596

Pool locations: Addresses will be given upon registration



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 _____

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**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/We, _____, 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 may incur during practice, meets and any other clinic activities, including, but not limited to transportation or while waiting at an ATSA facility. I/We 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 that may occur to myself/ourselves (parents/guardians) and those who we bring/brought with us to lessons and/or clinics (e.g., spouse, siblings, friends, relatives).

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.

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#) _____

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

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 _____

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Hagan 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 **Hagan 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 **Hagan 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) and 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 **Hagan Family Private Home Pool** from any claims arising there from.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

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*Aquatic Times
Swim Academy*

ROUND HILL COUNTRY CLUB

3169 Round Hill Rd, Alamo, CA.

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) 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 harmless Round Hill Country Club, its members, officers and employees from any claims arising there from.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

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PLEASANT HILL AQUATICS SWIM CLUB

468 Boyd Rd., Pleasant Hill, CA.

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 Pleasant Hill Aquatics Swim 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 Pleasant Hill Aquatics Swim 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) 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 harmless Pleasant Hill Aquatics Swim Club, its members, officers and employees from any claims arising there from.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

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**AQUATIC TIMES SWIM ACADEMY–
CHILD SWIM LESSONS**

SCHEDULE/FEES/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)– \$30 p. ½ hr.

Group Lessons Rates (3- 4 students p. hr.)– \$30 p. lesson for first child in family; \$26 p. lesson p. child if two children in family are in lessons; \$22 p. lesson p. child if three or more children in family are in lessons)

All fees must be paid in the following way:

~There is an extra non-refundable \$20 administration fee p. student that **MUST** be sent in with your registration forms and a \$50 non-refundable deposit p. student that will go toward your 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, but kept by ATSA. 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 & all 5 registration pages within a week of your contact with us in order to hold the spot(s) we scheduled for you. (Checks payable to JFE, not Aquatic Times.)**

~Lessons will be canceled in the case of rain, 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.

~We have a **NO DECK** policy for observers. Parents and guests/family members may sit on the patio outside the fenced pool area. Please **do not talk to your child, coach or other children while they are in their lessons**. You may observe from outside the fence quietly once in awhile to check your child’s progress.

~Please make sure your child has gone to the bathroom. If they’re leaving class to use the bathroom, they’ll miss part of what is being taught. **There is no urinating allowed in the pool.** NOTE: You and those with you may not enter our house to use the bathroom without instructor’s permission.

~Please close both gates as you enter and as you leave.

~Give them a little protein and water about an hour before coming to class. Protein calms/balances them, helping them to be more focused and attentive; water hydrates them – especially important on hot days – and keeps their blood running clean, helping supply the body with oxygen needed in the brain for clarity, to the muscles for body movement.

~If your children have eaten AND/OR played with ATSA toys, books, tapes, etc., you need to make sure food and food wraps are thrown/put away and that all ATSA items are put back in their proper storage place before leaving.

~Parking area is in front of our house. And, we will inform you of designated houses to park in front of upon your first visit to ATSA

~Other ATSA info will be gone over with you upon your first visit with us.

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 _____

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AQUATIC TIMES SWIM ACADEMY Media Permission Release Form

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), 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) _____

Phone # _____ E-mail address _____

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) _____

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