

Portsmouth Indoor Pool

Spring II 2018 Lesson Registration

Session dates: Monday April 23rd – Sunday June 17th

8 Weeks/ 7Weeks Sat/Sun/Mon Memorial day weekend

This form will not be processed without payment, must be signed & completed. All programs are subject to change. The Portsmouth Indoor Pool reserves the right to cancel classes due to low enrollment.

PARTICIPANT: _____ M or F D.O.B _____ Age _____
(Last) (First)

PARENT/GUARDIAN: _____
(Last) (First) (Contact #)

ADDRESS: _____
(Street) (City) (State) (Zip)

EMAIL ADDRESS: _____

DAY	LEVEL	TIME

After you register you will not receive a confirmation call. **The Aquatics staff will only call you if a class is not running.** Please show up to the first scheduled class you registered for. Thank you.

Program Policy

- Due to the high demand and limited spots for swim lessons, refunds are not available except in cases where we have to cancel a class due to low enrollment.
- Unless changed by the Portsmouth Indoor Pool, there is a transfer fee of \$10.
- If a child is not able to attend the full swim session, in the case of injury or illness, a credit will be given for the remainder of the swim session. A doctor's note is required.

Group Swim Lesson Make-up Policy

- In order to maintain the integrity of our class as to content and to size we do not offer make-ups. We have found that adding children to classes for make-ups disrupts the rhythm of the class. We ask that you please do your best to attend all the classes.

(Form continued on back)

Program Waiver

I hereby represent to the Portsmouth Indoor Pool, its affiliated shareholders, partners, officers, agents, employees, and representatives that I am in good physical condition and am able to safely participate in the Portsmouth Indoor Pool programming. I acknowledge that the Portsmouth Indoor Pool urges every participant to have a medical check-up before participating in any Portsmouth Indoor Pool programs. I appreciate the danger of physical stress, strain, or injury and assume whatever risk is involved as a result of my use of the facilities, equipment, or services of the Portsmouth Indoor Pool.

I hereby release and hold the Portsmouth Indoor Pool harmless from and against any and all claims, liability, loss, damage, or injury sustained or incurred in connection with my use of the facilities, equipment, or services of the Portsmouth indoor Pool, and waive any and all claims against the Portsmouth Indoor Pool from any damage or liability resulting from or in the connection with such use, excepting such damage which may be caused by the Portsmouth Indoor Pool negligence.

I hereby grant the Portsmouth Indoor Pool consent and permission to use my name, portrait, image, statements and comments and to copyright, use and publish the same in whole or in part, in any media for purposes relating to the business and activities of the Portsmouth Indoor Pool, including trade or advertising.

I hereby release and discharge the Portsmouth Indoor Pool from any claims or demands arising out of or in connection with such uses, including but not limited to any and all claims for libel or invasion of privacy.

I understand and agree that the program is not a therapy program, nor should it substitute for medical treatment. This release, waiver and consent shall be binding upon me and my heirs, legal representatives and assigns.

PARENT'S SIGNATURE: _____ **DATE:** _____

PAYMENTS SPRING II SESSION

All participants signing up for the SPRING II session are entitled to a second day within the SPRING II session for 50% off. This is only valid for the same participant.

8 Weeks/ 7 Week session Saturday/Sunday/Monday		
	Resident	Non-Resident
Member	\$48	\$90
Non-Member	\$72	\$138

Cash _____

Check# _____

CC # last 4 digits _____

Staff Initials _____