Plain Township Aquatic Center
2022 Swim Lesson Registration
**Must register in person at the Aquatic Center

Parent Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

Sessions	Dates	Levels	Time Choices
Session 1	**June 14– June 23 (T-F)**	**Level 1, 2, 3 & 4**	**8:50, 9:25 & 10:00 am**
Session 2	**July 11 – July 21 (M-TH)**	**Level 1, 2, 3 & 4**	**8:50, 9:25 & 10:00 am**
Session 3	**July 25 – August 4 (M-TH)**	**Level 1, 2, 3 & 4**	**8:50, 9:25 & 10:00 am**

NOTE: Please indicate 1st and 2nd time choice

- **Please arrive 10 minutes prior to the start of your class so the class starts on time**
- NO refunds for swim lessons except for **documented medical necessity**
- Classes run M-Th with Friday as a make-up day (if necessary-due to weather)

First Child's Name: _____ Age: _____ Birthdate: _____ **Pass #** _____

Session _____ Level _____ Time:_____ _____
1st Choice 2nd Choice
Session _____ Level _____ Time:_____ _____
1st Choice 2nd Choice

Please describe medical conditions or other problems that may affect swimming (e.g. asthma, etc.):
_____

Second Child's Name: _____ Age: _____ Birthdate: _____ **Pass #** _____

Session _____ Level _____ Time:_____ _____
1st Choice 2nd Choice
Session _____ Level _____ Time:_____ _____
1st Choice 2nd Choice

Please describe medical conditions or other problems that may affect swimming (e.g. asthma, etc.):
_____

Third Child's Name: _____ Age: _____ Birthdate: _____ **Pass #** _____

Session _____ Level _____ Time:_____ _____
1st Choice 2nd Choice
Session _____ Level _____ Time:_____ _____
1st Choice 2nd Choice

Please describe medical conditions or other problems that may affect swimming (e.g. asthma, etc.):
_____

Cost: Members: $70 per session/per child (Classes are 8 half-hour classes over a 2 week period)
Non-Members: $80 per session/per child (Classes are 8 half hour classes over a 2 week period)

Class Cancellation: A refund or credit for another class will be issued in instances when the Management has cancelled a class. A request of a refund must be made before the class begins and is subject to a $10.00 service fee. Requests made after the class has begun, but prior to the second class will be subject to the $10.00 service fee, plus the cost of the classes already held. No refunds will be issued after the 2nd day of the class. Missing any part of a class or event due to vacation, personal schedule conflict or other non-emergency situation will not receive a refund.

For and in consideration of the opportunity to participate in the above described Plain Township Aquatic Center I, myself, my heirs, executor, and administrator, acquit, discharge and covenant to hold harmless Plain Township their successors, officers, employees, servants and agents of and from any and all actions, claims, causes of actions, demands, damages, costs, loss of service, expenses and compensation on or account of or in any way growing our of any and all personal injury or property damage which may result to me as a result of participation in the aforementioned activity. I/We have read and agree to the registration and related department policies.

_____ _____ _____
Parent/Guardian Signature Date Parent's Contact Phone #