



REGISTRATION FORM

Swimmer Name: _____ Age: _____ Membership #: _____

Parent Name: _____ Phone #: _____

Parent Email: _____

Emergency Contact Name: _____ Phone #: _____

Medical conditions or medications we need to be aware of:

1. **Diamond Hills Sports Club and Spa membership is required prior to clinic enrollment.**
2. I agree to allow the club to charge my membership account for enrollment fees.
3. There is no make up or refund for missed or cancelled clinics (illness, pool closure, weather, etc.)
4. All participants up to the age of 3 years old are required to wear reusable swim diapers (with plastic cover).
5. If a group lesson is reduced to one student at anytime after sign up, the following options may be used:
*shorten lesson to 15 minutes or upgrade to private for 25 minutes at a private rate for remaining lessons
6. Lessons are subject to cancellation by club if enrollment is low. If alternate lessons cannot be scheduled a full refund of remaining lesson fees will be issued.
7. Spectators are to watch from designated seating areas only and are not permitted to interrupt or distract from the lesson.
8. COVID-19 Restrictions: *subject to change* - Participants & spectators feeling ill or experiencing COVID-19 symptoms may not participate in any lessons.
9. The goal is to help each participant progress, however progression is not guaranteed.
10. We reserve the right to change instructors during any lesson.
11. Model Release: I hereby grant Spare Time Inc. and it's legal representatives and assigns the irrevocable and unrestricted right to publish photographs and video of me, or photo/video in which I may be included, for advertising an all other media purposes relating exclusively to Spare Time Inc. and its sports clubs and spas. Media purposes may include, but are not restricted to, these mediums: print, electronic, web-based, and social media, including, but not restricted to Facebook and Instagram. I hereby release Spare Time Inc. and its representatives and assigns from all claims and liability relating to said photograph/video.

Initial here to opt-out of the Model Release: _____

REFUND POLICY:

- Full refund=Cancellation with 14 or more days advance notice prior to session start.
- 50% refund=Cancellation within 7-13 days advance notice prior to session start.
- 0% refund=Missed lesson, session, or less than 7 days advance notice prior to session start.

Initial here to acknowledge you understand the refund policy: _____

I have read, understood, and agree to the above listed terms and information:

Parent Signature: _____ Date: _____

PLEASE CIRCLE ONE	SEMI-PRIVATE	PRIVATE
2 WEEK SESSION, 8 LESSONS, MON-THURS	\$175	\$265
4 WEEK SESSION, 8 LESSONS, 2X PER WEEK	\$175	\$265
2 WEEK SESSION, 4 LESSONS, MON/WED OR TUES/THURS	\$90	\$135
1 MONTH SESSION, 4 LESSONS, FRI OR SAT	\$90	\$135

OFFICE USE ONLY:
DAY(S):
TIME:
LEVEL:
SESSION#: