

RIVER VALLEY LEARN TO SWIM REGISTRATION

Parent/Legal Guardian Name: _____

Member Number: _____ Date: _____

Phone: _____ Alternate Phone: _____

Email: _____

CLASS REGISTRATION

Participant's Name: _____ Date of Birth: _____

Session: _____ Level: _____ Time: _____ Cost: _____

Session: _____ Level: _____ Time: _____ Cost: _____

Participant's Name: _____ Date of Birth: _____

Session: _____ Level: _____ Time: _____ Cost: _____

Session: _____ Level: _____ Time: _____ Cost: _____

_____ I understand that RVAC does not provide refunds for classes unless canceled by RVAC. If the participant below needs to cancel registration in the class, I may be issued a credit if the cancellation is communicated with the Aquatics Director in writing at least 3 days before the session begins.

_____ I understand that will not receive a refund if the participant does not meet the age requirements for the class as listed on the program sheet or on the RVAC website. I may receive a credit for use in the program that meets the participants age where available.

_____ I understand that if there are not 3 participants, the class I registered for may be combined with another level or canceled. I understand that I will only be refunded if the class is canceled, not if the class is combined with another level.

_____ I understand that there are Level Assessments available for a fee, and if the participant does not meet the skill level for the class they are registered for AND has not successfully completed the previous level at River Valley Athletic Club in the last 6 months or participated in a Level Assessment, I am not guaranteed a spot this session in the appropriate level. If a spot in this session is not available, I understand that I will be credited for a future session.

As the parent or legal guardian of _____ I consent to the above named person participating in all programs offered by River Valley Athletic Club. The use of equipment and facilities by me or my child(ren) shall be undertaken at our sole risk. River Valley Athletic Clubs should not be liable for any claims, demands, actions, or causes of action whatsoever to me or my child(ren) or property arising out of or connected with the use of any programs, services, or facilities of River Valley Athletic Club or the premises where they are located. I do hereby release and discharge River Valley Athletic Club from all such claims, demands, injuries or passive negligence of the River Valley Athletic Club, its owners, employees and instructors.

Parent/Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

RIVER VALLEY ATHLETIC CLUB

Parents Name _____ Total Due _____ Date Paid _____

Swim Team Amount _____ Swim Lesson Amount _____

Check# _____ In House - Mem# _____ Master Card Visa Cash

Staff Name: _____