

# Group Swim Lesson Registration Form



Thank you for choosing the Powell Wellness Center for your swimming lessons! Our goals are to develop swimming skills, teach water safety, and provide a safe, fun atmosphere to participants of all ages.

We utilize the American Red Cross Learn-to-Swim Program for our classes and our teachers are all certified Water Safety Instructors.

We keep our instructor to participant ratio low in order to provide the best learning environment for the participants. The Parent & Child classes and the LTS Level 3 & 4 have a 1 to 6 ratio, the Preschool Levels 1-3 & LTS Levels 1 & 2 have a ratio of 1 to 4.

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## Parent/Guardian - Emergency Contact

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

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## Participant Information

*Complete this section for the participant, please include any relevant medical information.*

Name \_\_\_\_\_ Member Yes No (Please circle one)  
Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

List any diagnosed condition(s) such as asthma, ADD, seizures, diabetes etc. \_\_\_\_\_

List any known allergies including allergies to medications. \_\_\_\_\_

List any medical conditions which may prevent or limit participation in activities. \_\_\_\_\_

List prescription medications being taken. \_\_\_\_\_

List any special needs or relevant information the instructor should know about child \_\_\_\_\_

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## Class Enrollment Information

*Complete this section using the appropriate seasonal flyer with the class information for the participant.*

Class Name \_\_\_\_\_ Day \_\_\_\_\_ Time: \_\_\_\_\_

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## Authorization to Pick-up Child(ren)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

## Waiver of Claims for Participants

I understand that while participating in aquatic activities, such as, Swim Lessons, at the Powell Wellness Center (PWC), there are inherent risks of physical and mental conditions, illnesses and/or injuries associated with engaging in physical activity and use of equipment being led by my Swim Instructor. I hereby consent to engage in the swim lesson, solely at my own risk, with full knowledge of the danger and risks inherent therein. I hereby release, waive, forever discharge and covenant not to sue PWC and/or their agents, servants and/or employees for any and all injuries, losses or damages and/or any claims or demands of any type, known or unknown, on account of or in any way related to any illness, condition, and/or injury to my person or property, or which may result in my death. I further acknowledge the need for certain rules and regulations regarding use of the pool, equipment, facilities and other procedures related to aquatic activities. I therefore agree to abide by any and all such rules adopted by PWC.

## Waiver of Claims for Guardian(s) of Participants

In regards to the participation of my family, I am aware of the possibility of minor, serious, or fatal, accidental or other physical injury or illness occurring during or as a result of participating in the swim lesson program at the Powell Wellness Center (PWC). I do hereby agree to assume all risks of such injury and will hold harmless, indemnity and defend PWC or the Culpeper Wellness Foundation (CWF), its employees, staff, agents, contractor, affiliated persons and successors from any and all liability, actions, causes of actions, claims and demands for every kind or nature whatsoever which I now have or which may arise of or in connection with any participation in activities arranged by the PWC, its employees, staff, Board of Managers, agents, contractors, affiliated persons and successors. The terms herein shall serve as a release and assumption of risk for my heirs, executors and administrators for all members of my family, including any minors.

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**Participant's Signature** (or Parent/Guardian if under 18)

**Date**

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## PWC Enrollment Policies

### Payment and Attendance:

Class Fees must be paid in full at time of registration. They are non-refundable and non-transferable. Clients are expected to attend all scheduled class sessions. Due to course content, class schedules, and participation numbers, you may only attend the class in which you are enrolled. No make-ups are allowed in other classes. Requests for pro-rating fees must be authorized prior to the first scheduled class and are at the discretion of PWC Management. These are scheduled class sessions, if your child misses any classes during the session, you will not be refunded for the missed class. Regardless of your arrival time, classes will start and end at the scheduled time.

### Cancellations and Refunds:

If PWC cancels a class due to low enrollment and another suitable class is unavailable, you can receive a credit toward another session of lessons or a refund.

If you cancel the enrollment prior to start of lessons, you can receive a refund (minus a \$10.00 refund fee) or facility credit for the remaining value of the lessons purchased. Approval for a refund or credit is at the discretion of PWC Aquatic Manager.

### Class Minimum Requirement:

All classes offered at PWC must meet the minimum enrollment guideline. All classes not meeting minimum enrollment will either be combined with a similar class or cancelled. You will be notified by phone and/or email before the first class of any changes to the class schedule. If you have identified a second class option, we will move your child into that class and notify you of the change.

### Wait List:

If the class you are interested in is full, please ask to be added to the waitlist. We will make every effort to create another class or add another instructor to the existing class. You will be contacted if we can get you into a class.

### Inclement Weather:

In the event of pool closure due to inclement weather, PWC will attempt to offer a make-up lesson, credit towards a future class, or a refund. If inclement weather is in the area, please call the center to check the status of the pool.

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**Participant's Signature** (or Parent/Guardian if under 18)

**Date**

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OFFICE USE

Today's Date \_\_\_\_\_ Paid: \_\_\_\_\_ Staff Initials \_\_\_\_\_