



Airport Health Club

Aquatic Participation Contract 2019

Participants Name: _____ Age: _____

Is the participant a member? Yes No Member # _____

Parent/Guardian Name: _____ Phone # _____

Email address: _____

Class Type: Private Semi-Private Group Instructor: _____

Please check box for lesson package chosen. All lessons must be paid in full at time of sign up.

<u>Private Instruction Rates</u>	<u>Semi-Private Instruction Rates (Per Child)</u>
Members: <input type="checkbox"/> 1x30 Minute Lesson.....\$42 <input type="checkbox"/> 5x30 Minute Lessons.....\$170 <input type="checkbox"/> 10x30 Minute Lessons.....\$315 Non-Members: <input type="checkbox"/> 1x30 Minute Lesson.....\$52 <input type="checkbox"/> 5x30 Minute Lessons.....\$220 <input type="checkbox"/> 10x30 Minute Lessons.....\$415 *Private lessons are scheduled directly with the Instructor of choice. Please see back of sheet for contact info. Rates are based on whether the participant is a member or non-member.	Members: <input type="checkbox"/> 5x30 Minute Lessons.....\$125 <input type="checkbox"/> 10x30 Minute Lessons.....\$225 Non-Members: <input type="checkbox"/> 5x30 Minute Lessons.....\$180 <input type="checkbox"/> 10x30 Minute Lessons.....\$340 * Semi-Private lessons are scheduled directly with the Instructor of choice. Please see back of sheet for contact info. Rates are based on whether the participant is a member or non-member
<u>Mommy & Me Rates*</u>	
Members:	
<input type="checkbox"/> 1 Week (2x45 Minute Lessons) Tuesday and Thursday 4:45pm-5:15pm\$35	
Week: _____	
Non-Members:	
<input type="checkbox"/> 1 Week (2x45 Minute Lessons) Tuesday and Thursday 4:45pm-5:15pm.....\$65	
Week: _____	
*This is the only class sold based on the parent membership. If the parent is a member then the member fee is charged. If the parent is a non-member then the non-member fee is charged.	

*I agree to be charged for any Private/Semi-Private lessons missed, which are not cancelled with 24 hours notice.....
.....**Parent/Guardian Initials** _____

*I understand that there are no refunds or prorating available for group lessons. I understand that every Friday of each session of classes is a bonus, or make up day, at no extra charge.**Parent/Guardian Initials** _____

*I understand the nature of the risks involved with swim lessons. I hereby waive and release any and all rights and claims for myself, my heirs, executors and administrators this client may have against the swim instructor _____ and the Airport Health Club or any of it's representatives, agents, and successors for any and all injuries the client may suffer in connection with his/her participation in the Swim Fitness Program. I have read and understood the above.

Participant (or Parent/Guardian) Signature _____ Date _____