ELEVATIONS
HEALTH CLUB

ELEVATIONS SWIM LESSON REGISTRATION FORM

Today's Date:	**Email Address:**		
Student Name:	**Parent Name:**		
Student's Age:	**Ever taken lessons with us before?**	**Y**	**N**
Address:			
Phone:	**Alternate Phone:**		
Class Name:	**Class Time:**		
Please circle one:	**Member**	**Non-Member**	
How did you hear about us?			

Please read and sign the guidelines listed below:

1. Students that have never taken swim lessons with us before will be required to take a swim test.
2. Please remove street shoes before entering the pool deck.
3. Students meet along the wall on the pool deck promptly at lesson time.
4. Please make sure your children use the restroom before the start of class. Restroom breaks should be a regular occurrence during class time.
5. Please make sure your children shower before the start of class.
6. Please follow all posted pool rules
7. Any adult or child who cannot follow the instructions of the coach or is a disruption will be asked to leave class. No refunds will be given.
8. Non-members will receive a session card to show at check-in to enter the club.
9. Non-members are not permitted to use the club. Please ask a staff member for information on memberships.
10. Concerns or questions should be directed to the Pool Coordinator or Management, not to instructors during class time – their job is to coach your child.
11. No make-up classes unless the club cancels the class. No refunds will be given.
12. Parents must remain in the building while lessons are going on.

Parent/Guardian Signature_____

Official Use Only	Amount Paid:	Date Paid: