SWIMMING LESSON REGISTRATION FORM

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| STUDENT NAME(S) | DATE OF BIRTH:  | AGE: |
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| --- | --- |
| LEGAL GUARDIAN/PARENT NAME: | ADDRESS: |
|  |  |
| **EMAIL ADDRESS:** |  |
| **CELL PHONE NUMBER:** |  |
| **2ND CONTACT PHONE NUMBER:** |  |

Please indicate any allergies, medications, injuries, or any concerns with your child(ren) our staff should be aware of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any information related to your student(s) current swim level, water safety and goals for this season:

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Policies

\_\_\_ Skills Assessment & Training: Your child will undergo a swim skill assessment prior to placement with their swim instructor. Our instructors will offer verbal and written feedback regarding your child’s progress.

\_\_\_ Cancellations: We can swim in rainy conditions if no lightning occurs. If we are forced to cancel a session due to inclement weather, we will advise swimmers of a “make-up” session day/time. If a student misses/cancels a lesson due to personal reasons including, but not limited to, illness or personal scheduling conflicts, the city will not issue refunds or be required to offer a “make-up” class.

\_\_\_ Location & Safety: Our top priority is our swimmer’s safety! Students will receive instruction on safe pool behaviors and practices. All swimmers are expected to arrive on time to keep class from being delayed. All lessons are conducted at the City of Roman Forest Public Pool.

\_\_\_ Registration & Payment: All registration forms must be completed and turned in prior to the first swim lesson the student will attend. Payments can be made by cash or check with city staff. The address & contact numbers are located below.

\_\_\_ Emergency Response: The City of Roman Forest swim instructors have completed a lifeguard course with American Red Cross and a swim instructor course as well. In the case of an emergency, the swim instructors will provide needed treatment.

\_\_\_ Photography: I consent to allow photographs and/or videos to be taken of my child learning to swim during their sessions. I understand and consent to allow these photos/videos to be used by the City of Roman Forest for promotional purposes including the city website, city maintained social media accounts and print medias. I understand that I may revoke consent at any time by providing written notice to City of Roman Forest administrative officers.

Emergency Contact Information:

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Participant: \_\_\_ Parent \_\_\_ Legal Guardian \_\_\_ Family Member \_\_\_ Other

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/2022

City Staff:

April L. Knudsen, City Administrator Ext. 102

Nickie Tollett, Pool Manager Ext. 104

Kelly Belmore, City Secretary Ext. 101

compliance@rftx.org