



Harpeth School of Gymnastics

2204 Hillsboro Rd. Franklin, TN 37069

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2010 Semi-Private Swim Registration Form

CHILD'S NAME _____ Birth Date _____ Age _____ Male _____ Female _____

PARENT'S NAME _____ Home Phone# _____ Cell# _____

Address _____ City _____ State _____ Zip _____

E-Mail _____ ****Will be used to confirm swim session & swim time****

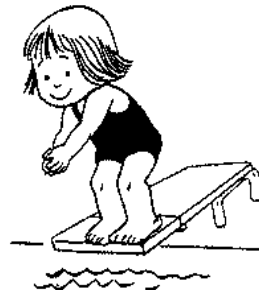
PLEASE CHECK APPLICABLE STATEMENTS (WITHOUT use of floatation device)

NON SWIMMER

1. _____ Very apprehensive about going under water
2. _____ Goes underwater (with assistance) Will go under (without assistance) _____
3. _____ Holds breath underwater _____ seconds (how long?)

BEGINNER – INTERMEDIATE SWIMMER

1. _____ Can swim underwater. How far _____?
2. _____ Can prone float. Can back float _____
3. _____ Can swim 5 ft. unassisted on front, 15 ft. _____, 30 ft. _____
4. _____ Can swim 5 ft. unassisted on back, 15 ft. _____, 30 ft. _____
5. _____ Can swim length of pool (25 yards), but rhythmic breathing is not proficient
6. _____ Jump (chest deep water).
7. _____ Jump (deep water).
8. _____ Treading water _____ 15 seconds, _____ 30 seconds or longer



ADVANCED SWIMMER

1. _____ Can swim (crawl stroke) 25 yards using rhythmic breathing, 50 yards _____, 100 yards _____
2. _____ Can swim (backstroke) 25 yards, 50 yards _____
3. _____ Can swim (elementary backstroke) 25 yards, 50 yards _____
4. _____ Can swim (breaststroke) 25 yards, 50 yards _____
5. _____ Can swim (butterfly) 25 yards, 50 yards _____

Please mark times that are best for your schedule (We will place you in a specific time slot)

Morning Times: 30 min. session between 8:30 & 11:30 **Afternoon Times:** 30 min. session between 2:30 & 5:30
Times: Mornings _____ Afternoons _____ Either Mornings or Afternoon will work _____

***Morning classes will be at Old Natchez Country Club and afternoon classes will be at Coach Scott's home**

Please pick 2 sessions that will work for you with 1 being your first choice and 2 being your second.

(You may sign up for more than 1 session – please attach additional form to add another session)

- _____ 1st session T-S 6/1 – 6/11 (This session goes Tues. 6/1 thru Sat. 6/5 and Mon. 6/7 thru Fri. 6/11)
- _____ 2nd session M-F 6/14 – 6/25
- _____ 3rd session M-F 6/28 – 7/9
- _____ 4th session M-F 7/12 – 7/23
- _____ 5th -1 week session M-F 7/26 – 7/30 (Refresher course for 2010 participants ONLY)
- _____ 5th -1 week session M-F 8/2 – 8/6 (Refresher course for 2010 participants ONLY)
- _____ Mommy & Me Swim – 7/5-9 _____ or 7/12-16 _____ Morning times only, **COST: \$75/week (Under 3 yrs)**

COST: 10 (30 min.) Semi-Private Lessons (1coach: 2 students) are **\$208/student (ages 3 & up)**
5 (30 min.) Group Mommy & Me Lessons (1 coach: 4 students) are **\$75/student (under 3 yrs)**
1 week semi-private refresher courses **\$104/student (7/26-7/30 & 8/2-8/6)**

Full payment is due with completed registration form. NO REFUNDS

Please make checks payable to Harpeth School of Gymnastics.

Be sure to read and agree to the Swim Policies and Information attached to this form

LIABILITY WAIVER

I, the undersigned parent or legal guardian of a minor child under 18 years of age, consent to my child participating in the Harpeth School of Gymnastics Swim Lessons and understand that my child will be engaging in physical activity during the Swim Lessons which contains an inherent risk of physical injury. I represent that my child is in good physical condition and is able to participate fully in Swim Lesson activities except as may be described on back. I, for myself and my child, assume the risk and release and hold harmless Old Natchez Country Club and Harpeth School of Gymnastics, its employees, including specifically all persons employed or hired by Harpeth School of Gymnastics to conduct the Swim Lessons, from any and all liability for personal injury or property damage arising out of my child's participation in the Swim Lessons. I hereby grant permission for my child to attend the Swim Lessons and to be treated by a licensed physician in the event of any injury, illness, or other mishap, and/or to be transported to a medical facility for treatment. In such event, I agree to be responsible for any costs associated with such treatment. Please list any physical condition of which the Swim Coach should be aware on back of this form. Further, I have read and agree to the Swim Policies and Information attached to this form.

Parent/Guardian Signature Date

FOR OFFICE USE ONLY Reg. Date _____ Amt. Pd. _____ Ck/\$/CC _____ Bal. Due _____