2026 SWIM REGISTRATION FORM

PLEASE SUBMIT A SEPARATE FORM PER CHILD

CHILD'S NAME: _____ BIRTHDATE: _____ AGE _____ □ MALE □ FEMALE

PARENT NAME: _____ PHONE: _____ EMAIL: _____

FULL MAILING ADDRESS: _____

****PLEASE NOTE ON THE LINE BELOW ANY IMPORTANT INFORMATION OR SPECIAL LEARNING NEEDS REGARDING YOUR CHILD. IT IS CRUCIAL FOR THE SAFETY OF YOUR CHILD AND OTHER CHILDREN IN THE POOL, AND NECESSARY FOR PARTNER PAIRING. ****

_____

LESSONS ARE IN THE AFTERNOON AND LAST 30 MINUTES– 10 LESSONS PER SESSION

AGES 3 & UP ONLY (SEMI PRIVATES 1:2 RATIO)

Do you need special scheduling consideration for the 5:00pm or 5:30pm time blocks DUE TO WORK SCHEDULES ONLY? □ YES □ NO

SESSION CHOICE(S) – PLEASE MARK YOUR AVAILABLE SESSIONS BY PREFERENCE BEGINNING WITH 1 AS YOUR 1ST CHOICE

Session	Lesson Days	Session Dates	Cost Per Student	Select Sessions	Number by Preference
1st Session*	M-F	May 18 - May 29*	*$356(NO class May 25th)	□	_____
2nd Session	M-F	June 1 - June 12	$395	□	_____
3rd Session	M-F	June 15 – June 26	$395	□	_____
4th Session	M-F	July 6- July 17	$395	□	_____
5th Session	M-F	July 20 – July 31	$395	□	_____

PLEASE MARK YOUR CHILD'S SWIM ABILITY & CHECK APPLICABLE STATEMENTS – WITHOUT USE OF FLOATATION DEVICE

□ ***NON – SWIMMER***

1. □ Very apprehensive about going under water
2. □ Goes underwater with assistance
3. □ Will go under without assistance
4. □ Holds breath under water for _____ seconds

□ ***BEGINNER – INTERMEDIATE SWIMMER***

1. □ Can swim underwater - How far? _____
2. □ Can prone float □ Can back float
3. □ Can swim unassisted on front for □ 5ft. □ 15ft. □ 30ft.
4. □ Can swim unassisted on back for □ 5ft. □ 15ft. □ 30ft.
5. □ Can swim length of competitive pool (25 yards), but rhythmic breathing is not proficient
6. □ Jumps into chest deep water □ Jumps into deep water

□ ***ADVANCED SWIMMER***

1. □ Can swim crawl stroke with rhythmic breathing for □ 25 yds. □ 50 yds. □ 100 yds
2. □ Can swim backstroke for □ 25 yds. □ 50 yds. □ 100 yds.
3. □ Can swim breaststroke for □ 25 yds. □ 50 yds □ 100 yds.
4. □ Can swim butterfly stroke for □ 25 yds. □ 50 yds. □ 100 yds.

SWIM PROGRAM POLICIES

- Full payment for **ALL** Lessons is due at time of registration with a completed registration form.
- Payment is accepted by check, cash or credit card. *A 3% processing fee is applied for each form submitted if paying by credit card.*
- Refunds are not available for missed lessons or sessions.
- Make ups are not available for missed lessons.
- Please email in advance if your child will miss a lesson.
- We will not cancel lessons for rain - only for INCLEMENT weather. You will be notified if your lesson is canceled.
- Lessons are offered in **AFTERNOON SESSIONS ONLY** between 3:00-6:00PM
- Each lesson is 30 minutes long. Unless otherwise noted, each session will consist of ten (10) lessons.
- **Your lesson TIME is assigned by Harpeth School of Gymnastics.- EXCEPTIONS MAY BE AVAILABLE ONLY TO ACCOMMODATE WORK SCHEDULES.**
- All classes are held at Coach Scott's home:
- 507 Jefferson Davis Dr., Franklin, TN 37069
- **POOL IS HEATED**

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 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.

I agree to the above Liability Waiver AND the Swim Policy Sheet. _____

Parent/Guardian Signature **Date**

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FOR OFFICE USE ONLY **REGISTRATION DATE: _____** **AMOUNT PAID _____** **□ CASH □ CHECK □ CC** **BALANCE DUE: _____**