

## Private Swimming Lesson Registration

Staff Initials:  
\_\_\_\_\_

### PARTICIPANT INFORMATION

Participant:	First _____	Last _____	Age: _____	Gender: _____
Is participant a current member? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Parent/Guardian:	First _____	Last _____		
Address:	Street _____	City _____	State _____	Zip _____
Phone: _____	Alt. Phone: _____	Email: _____		
Medical concerns (please list any special conditions or limitations you or your child may have): _____				

### PACKAGE SELECTION

### DESIRED TIME OF LESSONS

<b>Check One</b>		<input type="checkbox"/> Morning	<input type="checkbox"/> Mid-day
<input type="checkbox"/> Member 6 – Pack (\$150)	<input type="checkbox"/> Non Member 6 – Pack (\$180)	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> Member 12 – Pack (\$300)	<input type="checkbox"/> Non Member 12 – Pack (\$360)	<i>*Please note that we cannot guarantee. Based on instructor availability.</i>	

### PARTICIPANT SWIM ABILITY AND GOALS

Check the box that best describes the participant and use the area to the right to further explain experience and goals.

<input type="checkbox"/> Beginner	_____
<input type="checkbox"/> Intermediate	_____
<input type="checkbox"/> Advanced	_____

### SWIM PROGRAM INFORMATION

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| <ul style="list-style-type: none"> <li>• All lessons are 30 minutes in length.</li> <li>• An instructor will contact you within 72 hours after payment/registration.</li> <li>• Swimmers are encouraged to sign up 2 weeks before their desired start date.</li> </ul> | <ul style="list-style-type: none"> <li>• 1-3 lessons per week are recommended.</li> <li>• Lessons must be completed within 60 days of payment.</li> <li>• A 24 hour cancellation notice is required.</li> <li>• Multiple rescheduling is prohibited.</li> <li>• Emphasis on water safety and fun!</li> </ul> |
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### WAIVER/RELEASE FORM

The undersigned desires to utilize the following activity or program offered at the Baptist Healthplex: swimming lessons

As a consideration for the right being permitted access to, and the use of, and the right to participate in services and programs and to utilize facilities and equipment, the undersigned does hereby release Baptist Healthplex, Mississippi Baptist Health Systems, Inc., and any of their affiliates, as well as any officers, agents, employees, representatives and all of their insurers (including the insurer's insurer) and successors and assigns from and all liability or damage of any kind whatsoever arising out of injuries incurred or sustained by the undersigned while participating in the above-listed activity or event. The undersigned acknowledges that the Baptist Healthplex has no relationship with the persons or entities affiliated with and/or conducting the above-listed activity or program and further releases Baptist Healthplex, Mississippi Baptist Health Systems, Inc., and any of their successors in interest, as well as any officers, agents, employees, representatives, and all of their insurers (including the insurer's insurer). And successors and assigns from any and all liability and/or injuries and/or damages of any kind whatsoever arising out of or in any manner associated with the selection of or conduct of the persons or entities affiliated with the activity or program. The undersigned acknowledges and affirms that he or she has carefully read this release and has asked and obtained a satisfactory explanation of any part that he or she does not understand. Furthermore, the undersigned acknowledges and he or she is fully aware that there are risks in participating in the activity or program listed above and the undersigned acknowledges and accepts all risks as well as the consequences thereof. The undersigned acknowledges that he or she has obtained independent medical approval, or waives the right to do so, to use the services, programs, and if applicable, facilities and equipment offered by the Baptist Healthplex. The undersigned acknowledges that he or she may be participating in an activity that involves physical exertion and is aware of limitations suggested by his or her physician and must make the appropriate Healthplex director aware of such limitations and the undersigned understands and agrees that it is his or her sole responsibility to take all appropriate precautions for his or her own well-being.

Printed Name: _____	Emergency Contact Name: _____
Signature: _____	Relationship: _____
Date: _____	Phone Number: _____