



QUALCOMM SPORTS, FITNESS & AQUATICS COMPLEX

Swim-Lesson Registration

Swim Lesson Policies and Procedures:

- Swim Lessons are scheduled on a monthly basis. Registered participants have the same time slot for the whole session.
- Payment for swim lessons must be made at the time of registration. If payment is not received, Aquatics Management has the right to fill the spot with another swim student.
- There must be at least two participants to start a semi-private class.
- All JCC corporate members must have a membership packet completely filled out and a copy of their corporate badge on the day of registration.
- There are no make-up lessons. Lessons are held rain or shine. In the event of a pool closure, Management will contact you to arrange a credit.
- In the case of a class cancellation by the aquatics facility, Aquatics Management will contact you to arrange a credit.
- Swim sessions MUST be cancelled 72 hours prior to the beginning of the swim session month. If a swim session is cancelled with less than 72 hours notice, there will be a cancellation fee of \$40. The JCC does not issue refunds, credit or make up lessons.

I have read, and understand, the policies and procedures for swim lesson registration.

Signature _____ Date _____

SWIM STUDENT INFORMATION

Desired Class Type: PRIVATE SEMI-PRIVATE GROUP ANY

Date _____ Student Name _____		<input type="checkbox"/> Youth <input type="checkbox"/> Adult		Age _____
If Adult: Home Phone _____		Cell Phone _____		
If Adult: E-mail _____		JCC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Corporate Member?		
Current Swim Level _____		Desired Goal? _____		

PARENT/GUARDIAN INFORMATION

Parent Name (1)		Parent Name (2)	
Phone (H)	Phone (W or C)	Phone (H)	Phone (W or C)
Address		Address	
City	Zip	City	Zip
Home Phone	Cell Phone	Home Phone	Cell Phone
E-mail		E-mail	
JCC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Corporate Member?		Would you like membership information? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Swimmer's Special Consideration: _____

Waiver: Participation in any activity and use of any recreational facility involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by the Lawrence Family Jewish Community Center, JACOBS FAMILY CAMPUS, I/we as an individual or as a parent or guardian of the participants named herein, assume all risk and hazards incidental to the activity, and release from responsibility and agree to indemnify and hold harmless the JCC, it's officers, directors, independent contractors, volunteers and all employees for any illness or injury to me or my children or family members occurring during his/her/our participation in any activity or use of a recreational facility at or conducted by the JCC.

I give my permission to the JCC to use my name, family members' names and photographs in brochures, newspapers, broadcasts, telecasts, the JCC website and any other form of communication. Yes No

Parent's / Students Signature _____

Emergency Contact _____ Relation _____ Phone _____

PAYMENT INFORMATION

Amount Enclosed \$ _____ Payment Method: Check Visa MasterCard Discover

Name (as it appears on card) _____ Phone # _____

Card # _____ Exp. _____ Zip Code _____

Card Verification Number/Code (CVN) _____



The verification number/code is a 3-digit number printed on the back of your card. It appears after and to the right of your card number.

Signature _____ Date _____