



Summer 2021

~ Private Lesson Registration Form ~

Swimmer's Name: _____

Age at time of Lessons: _____ Date of Birth: _____ Circle One: M F

Private Lessons are booked between 11-12 & 3-5 Monday – Friday

E-mail in advance to set up days and times. Fill out this form and drop off or mail with payment to Swim Smart Victoria, 309 Lantana Ave. Victoria, TX 77901

Parent's Name _____

Address: _____

City _____ Zip Code _____

Home Phone: _____ Cell Phone (just in case) _____

E-mail Address: _____

List Scheduled Dates and Times:

Tell us about the student's swimming abilities, including past experiences (good or bad), special needs and/or limitations and comfort level in the water _____

What swim skills would you or the student like to accomplish and/or work on this summer? _____

Swim Smart teaches progressive swim skills at every skill level with emphasis on safety skills. The classes are grouped by age and the small class size allows us the opportunity to work with each child on his/her skill level. The students will be encouraged, motivated and learn as they watch each other practice the skills being introduced. Every class, no matter what age group will start with the basics and progressively work up to the more advanced swim skills. Keep in mind each child is different and will master the introduced skills at his/ her own pace according to his/her age, comfort level, developmental stage, coordination and motivation.

One on One with Linda Brown \$60/hr.

Paid: Cash _____ Check # _____

No refunds or credit will be given for cancelled lessons. Make ups will be scheduled only for cancellations due to bad weather and at the instructor's discretion.

Swim Smart Victoria
Waiver/ Release
RELEASE OF LIABILITY FOR MINOR & ADULT PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, myself, or my child/ward, being allowed to participate in any way in the **Swim Smart Lessons or Tsunami Swim Team** related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for myself, or my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove myself, or my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS Swim Smart Lessons or Tsunami Swim Team;** its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, **HEREBY INDEMNIFY AND HOLD HARMLESS** all the above Releasees from any and all liabilities incident to my child's/ward's involvement or participation in these programs, **EVEN IF ARISING FROM THEIR NEGLIGENCE,** to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(SELF, PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____