



YOUTH Private/Semi-Private Swim Lessons Registration Fall 2017



SWIMMER 1 INFORMATION

FIRST NAME	LAST NAME		
DATE OF BIRTH	AGE	HFAC MEMBER? Yes ___ No ___	HFAC SELF MANAGER? Yes ___ No ___

SWIMMER 2 INFORMATION (For kids with the same parent/guardian only. If sharing a semi-private lesson with someone else, please complete a separate form, making note in the “notes” section below).

FIRST NAME	LAST NAME		
DATE OF BIRTH	AGE	HFAC MEMBER? Yes ___ No ___	HFAC SELF MANAGER? Yes ___ No ___

PARENT/LEGAL GUARDIAN INFORMATION

FIRST NAME	LAST NAME		
EMAIL	CELL PHONE		
MAILING ADDRESS			HFAC MEMBER? Yes ___ No ___

ADDITIONAL CONTACT IN CASE OF EMERGENCY

Name	Relationship	Cell#
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ENROLLMENT: Please bring this completed form to the HFAC Concierge Desk or Front Desk to purchase your private or semi-private swim lesson package(s). A member of our Aquatics Department will contact you, generally within 24 hours, to match your swimmer(s) with an instructor who will set the date/time of lesson(s).

NOTES: Please use the section below to make notes on what you are looking for in private instruction.

Date and Time Preferences:
Instructor Qualities:
Swimmer Goals:
Other Notes:



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PRICING: Private lessons are 30-minutes and for 1 swimmer only. The lesson may not be shared or split. Semi-private lessons are 30-minutes for no more than two swimmers. Packages may be shared between 2 kids (e.g. a 4-pack used as 2 lessons each for 2 kids). For 3 or more swimmers in one lesson, please ask about arranging Group Lesson.

	PRIVATE (1 Swimmer)		SEMI-PRIVATE (2 Swimmers)	
	Youth Member	Non-Member	Youth Member	Non-Member
1-pack	\$25	\$35	\$36 (\$18 per person)	\$56 (\$28 pp)
4-pack	\$96	\$136	\$140 (\$70 pp)	\$220 (\$110 pp)
8-pack	\$188	NA	\$272 (\$136 pp)	NA
12-pack	\$264	NA	\$372 (\$186 pp)	NA

PURCHASE: Please write out package being purchased:

BY ENROLLING YOUR CHILD IN HFAC SWIM LESSONS YOU AGREE TO THE FOLLOWING:

- **REFUNDS:** Packages are non-refundable after 3-days from purchase date
- **EXPIRATION:** Packages expire if not used within 2 months for 1 or 4-pack, 3 months for an 8-pack and 6 months for a 12-pack.
- **CANCELLATION:** Please do not bring an ill child to a swim lesson, especially if that child has recently had diarrhea. We require 24-hour notice of cancellation by contacting Aquatics Manager Jack Vincent at 503.640.6404, jackv@hfac.com or contacting the instructor. No-shows and lessons with less than 24-hour notice of cancellation will be forfeited.
- Check in for every swim lesson at the front desk by name (non-member) or with your membership card.
- Pricing is based on swimmer’s membership status, not the parent/guardians.
- Instructor is subject to change. Refunds will not be issued due to an instructor change.
- A responsible adult must remain on the pool deck during lessons unless the swimmer is an HFAC Self Manager (age 9+). All other HFAC policies must be followed.
- Non-member swimming does not include facility usage outside of lesson time. Neither siblings nor parents may use HFAC without membership or a paid guest pass.

LIABILITY WAIVER: As the parent or legal guardian of the minor named above, I understand that water activities specifically and use of Hawthorn Farm Athletic Club (HFAC) in general are potentially dangerous. I further understand that swim activities can be physically demanding. In consideration of HFAC permitting my child to participate, on behalf of myself, as well as my child, other heirs, family members, executors, administrators and assigns, I hereby knowingly and willingly assume all risk of physical, emotional and economic harm which may occur and further release HFAC owners, employees, instructors, and agents from any and all losses, costs, expenses, damages, fees, attorney’s fees, and liability which may result from my child’s use of HFAC’s facilities and aquatics program.

In the event of an emergency in which my child may require immediate medical attention and I am not reachable, HFAC has permission to take or transport or transport my child or myself via ambulance at my expense to the nearest medical facility and to authorize such medical treatment as deemed necessary by medical staff.

I have read this document, and I understand and agree to all policies and terms herein.

Parent/Guardian Signature

____/____/____
Date