



AIRPORT HEALTH CLUB

## Aquatic Participation Contract 2024

Participants Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is the participant a member? ☐ Yes ☐ No Member # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Class Type: ☐ Private ☐ Semi-Private ☐ Group Instructor: \_\_\_\_\_

Please check box for lesson package chosen. All lessons must be paid in full at time of sign up.

### Private Instruction Rates

#### Members:

- ☐ 1x30 Minute Lesson.....\$50
- ☐ 5x30 Minute Lessons.....\$206
- ☐ 10x30 Minute Lessons.....\$382

#### Non-Members:

- ☐ 1x30 Minute Lesson.....\$65
- ☐ 5x30 Minute Lessons.....\$281
- ☐ 10x30 Minute Lessons.....\$532

\*Private lessons are scheduled directly with the Instructor of choice. Please see back of sheet for contact info. Rates are based on whether the participant is a member or non-member.

### Semi-Private Instruction Rates (Per Child)

#### Members:

- ☐ 5x30 Minute Lessons.....\$151
- ☐ 10x30 Minute Lessons.....\$272

#### Non-Members:

- ☐ 5x30 Minute Lessons.....\$226
- ☐ 10x30 Minute Lessons.....\$422

\* Semi-Private lessons are scheduled directly with the Instructor of choice. Please see back of sheet for contact info. Rates are based on whether the participant is a member or non-member

\*I agree to be charged for any Private/Semi-Private lessons missed, which are not cancelled with 24 hours notice.

Parent/Guardian Initials \_\_\_\_\_

\*I understand that there are no refunds or prorating available for group lessons. I understand that every Friday of each session of classes is a bonus, or make up day, at no extra charge.

Parent/Guardian Initials \_\_\_\_\_

\*I understand the nature of the risks involved with swim lessons. I hereby waive and release any and all rights and claims for myself, my heirs, executors and administrators this client may have against the swim instructor \_\_\_\_\_ and the Airport Health Club or any of it's representatives, agents, and successors for any and all injuries the client may suffer in connection with his/her participation in the Swim Fitness Program. I have read and understood the above.

Participant (or Parent/Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

**ADMIN ONLY: Swim Package was billed to \_\_\_\_\_ Account (Name of member or non-member account where swim "tickets" can be pulled.)**

Rev 1.11.24