



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.

<u>Private Instruction Rates</u>	<u>Semi-Private Instruction Rates (Per Child)</u>
<b>Members:</b>	<b>Members:</b>
<input type="checkbox"/> 1x30 Minute Lesson.....\$50	<input type="checkbox"/> 5x30 Minute Lessons.....\$151
<input type="checkbox"/> 5x30 Minute Lessons.....\$206	<input type="checkbox"/> 10x30 Minute Lessons.....\$272
<input type="checkbox"/> 10x30 Minute Lessons.....\$382	
<b>Non-Members Children of Members:</b>	<b>Non-Members Children of Members:</b>
<input type="checkbox"/> 1x30 Minute Lesson.....\$65	<input type="checkbox"/> 5x30 Minute Lessons.....\$226
<input type="checkbox"/> 5x30 Minute Lessons.....\$281	<input type="checkbox"/> 10x30 Minute Lessons.....\$422
<input type="checkbox"/> 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 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 pro-rating 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.)**