



AIRPORT HEALTH CLUB

Aquatic Participation Contract 2025

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.....\$52
- ☐ 5x30 Minute Lessons.....\$212
- ☐ 10x30 Minute Lessons.....\$393

Non-Members Children of Members:

- ☐ 1x30 Minute Lesson.....\$67
- ☐ 5x30 Minute Lessons.....\$287
- ☐ 10x30 Minute Lessons.....\$543

*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.....\$156
- ☐ 10x30 Minute Lessons.....\$280

Non-Members Children of Members:

- ☐ 5x30 Minute Lessons.....\$231
- ☐ 10x30 Minute Lessons.....\$430

* 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.)