

# Red Cross Swimming Lesson Application

Swimmer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Parent/Guardian: \_\_\_\_\_ Phone (H): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (W): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Describe present swim skill level: \_\_\_\_\_

## LESSONS:

All lessons are 30 minutes, 1 time per week for 8 weeks. You must pre-register for every 8 week session.

- Individual lessons** - \$20 per half hour (8 week session = \$160).
- Semi-Private lessons** (2 students) - \$15 per half hour per child (8 session = \$120).
- Group lessons** (3-5 students) - \$10 per half hour (8 week session = \$80).

## REGISTRATION DEADLINES:

- Fall Session 1 - Registration deadline August 15
- Fall Session 2 - Registration deadline October 15
- Winter Session 1 - Registration deadline December 15
- Winter Session 2 - Registration deadline February 15
- Summer Session - Registration deadline May 15

## PAYMENT:

Submit payment and registration form to LifeScope, Attn: Therapy Administrative Assistant, 2501 W. 26th St., Sioux Falls, SD, 57105 or drop off at the front desk. Payment must be received at least one week before the first lesson. **Payment cannot be brought to aquatic staff and it is non-refundable.** If paying with a credit card, please fill out information below. A confirmation of your lesson will be made when payment is received.

## PAYMENT WITH CREDIT CARD:

Visa  Mastercard Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit SEC Code: \_\_\_\_\_

## CANCELLATIONS/RESCHEDULE:

If you need to cancel your child's session, please contact the Aquatics Department - 605-444-9579.

- **Individual Lesson Cancellation Policy:** If the participant has to cancel lessons due to any reason, LifeScope will make every effort to make up one individual lesson. We will attempt to make up all lessons that are cancelled by LifeScope. LifeScope does not make up any lessons that are not cancelled in advance.
- **Semi-Private & Group Lesson Cancellation Policy:** We will attempt to make up all lessons that are cancelled by LifeScope. LifeScope is unable to make up lessons cancelled for personal reasons.

## CONTACT INFORMATION FOR AQUATICS DEPARTMENT:

Office: 605-444-9579 Pool: 605-444-9500, ext. 7620

I have read and understand the cancellation policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

- Payment Received
- Confirmed Date
- Scheduled



## Swimming Pool Release

The undersigned has been granted permission to use the swimming pool located at LifeScape, formerly Children's Care Hospital & School location, in Sioux Falls with the following notice being understood by all parties.

I, the undersigned, am aware that there are significant risks involved in using a swimming pool and associated facilities and that my use carries with it the potential for death, injury, and/or property damage. I willingly assume responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death to myself and or any dependents/ minors in my care.

I, the undersigned, am using the swimming pool and facilities at my own risk. LifeScape is NOT liable for any personal injuries and damages sustained by the use of the swimming pool and/or facilities. The undersigned assumes full responsibility for injuries and/or damages. By choosing to use this facility I hereby release LifeScape, its principals, agents, employees and volunteers from any and all liability, claims demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my use of the swimming pool and facilities, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, and executors.

In addition, I, the undersigned, hereby hold LifeScape and its employees harmless and indemnify them from any claims and/or judgments including costs of defense attorneys that may arise if any lawsuit is brought by any individual injured while using the swimming pool and the premises as a result of the permission granted to the undersigned.

**I have read and understood the foregoing assumption of risk and release of liability and I understand that by signing it I am obligated to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission.**

I understand that by signing this form I am waiving valuable legal rights.

Signature of participant: \_\_\_\_\_

Date: \_\_\_\_\_