

2011 Private Lesson Registration Form

(ONE FORM PER STUDENT, PLEASE !)

***Water Safety Instructor's Name _____

***Swimmer's Name _____ Male or Female (please circle)

Address _____ Zip Code _____

Swimmer's Age _____ Swimmers Date of Birth _____

Home Phone _____ Work _____ Cell _____

Parent's Name _____

Email : _____

Source: Returning Member Friend Advertisement Other

Registration: Weekday Evening Saturday /Sunday Phone Online

Course Fees: 4 x 30 minute lessons

1:1 Members \$160 Non-Members \$177

2:1 Members \$188 Non-Members \$212

Number of Private Lessons (circle) 1 2 3 or 4 (no more than four) Price: _____

DATE	TIME	SIGNATURE
------	------	-----------

1	_____	_____
---	-------	-------

2	_____	_____
---	-------	-------

3	_____	_____
---	-------	-------

4	_____	_____
---	-------	-------

Date of First Lesson: _____ Paid ON _____ Expiration: _____

Front Desk use only: Cash _____ Amex _____ Visa _____ MC _____ Disc _____ Check # _____

Staff Initial: _____ Date : _____ Amount Paid : _____

OVER PLEASE!!!!!!

Private Lessons Registration Form

(ONE FORM PER STUDENT, PLEASE !)

***Water Safety Instructor's Name _____

***Swimmer's Name _____

**VALID FOR 6 WEEKS FROM DATE OF FIRST LESSON!!!
24 Hour Cancellation Notice is Required.**

Incomplete lessons will not be refunded or extended.

I give my permission for my child to enroll in the MAC Swimming Programs. He/She is physically fit to participate in the vigorous activities associated with the program. IN case of injury, the swimmer will be treated according to club procedures. I have read and agree to abide by the policies established by MAC. Recognizing that participation in any athletic activity includes the inherent possibility of internal and external injury, and acknowledge that the staff, management and ownership takes every precaution to prevent the above, I waive all legal claim against Memorial Athletic Club for any injuries or damage that I or my family incur during or as a result of my participation in a club sponsored activity. I have read and understand the refund policy as state in the parent information packet.

Parent Signature: _____ Date: _____

Date of First Lesson: _____ Paid ON _____ Expiration: _____

