



Country Club

Aquatics

2016 Private & Semi-Private Swim Lesson Registration Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell/Home #: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell/Home #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

SWIM LESSONS

PRIVATE

Table with 5 columns: Lesson Type, FHCC Member, Non-Members, Quantity Requested, Amount Due. Rows include 25 Minute Private and 8 Pack Private.

SEMI-PRIVATE

Table with 5 columns: Lesson Type, FHCC Members, Non-Members, Quantity Requested, Amount Due. Rows include 25 Minute Semi Private and 8 Pack Semi Private.

FHCC PASA SWIM LESSON

Table with 5 columns: Lesson Type, Price, Quantity Requested, Amount Due. Row for FHCC PASA SWIM LESSON at \$40.

TOTAL AMOUNT DUE \$ \_\_\_\_\_

For FHCC Use Only

Table with 3 columns: Date/Time, and two empty columns. Multiple rows for recording dates.

Instructor:

Scheduler

Date Rcvd.

Date Entered

\*\* Cancellations must be made and acknowledged a minimum of 48 hours prior to the start of the lesson to be eligible for refund. 8 Packs are good for up to 6 months after the time of purchase

Bill FHCC Member # \_\_\_\_\_ FHCC Member's Full Name \_\_\_\_\_

NON-Member \_\_\_\_\_ Non-Member payment must be received with registration form.

Checks should be made payable to:

Fremont Hills Country Club

Attn: Aquatics Department

12889 Viscaino Place, Los Altos Hills, CA 94022

## 2016 Private/Semi Private Lesson Emergency Contact & Release Form

Swimmer's Name:
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### Contact Info

Parent 1 (First & Last)	Cell/Home #	Email
Parent 2 (First & Last)	Cell/Home#	Email

Home Address: :    Street Address	City	State	Zip
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Please list any special needs and/or medical information (i.e. allergies) pertaining to your swimmer(s) that our staff should be aware of. Please include swimmer name(s) and condition(s).

**In the event of emergency**, I authorize dental and/or medical care and/or treatment of the above named swimmer(s). If I cannot be reached, please contact the person listed below who is authorized to act on my behalf.

Doctor's Name and Address	Phone	
Dentist's Name and Address	Phone	
Authorized Person's Name	Relationship to Swimmer	Phone

My signature on this agreement authorizes my child's participation in all swim team activities. I also assume all risks and hazards incidental to participation & release Fremont Hills Country Club, its Members, Officers, Directors, Agents and Employees from any liability.

Signature Parent/ Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_