



Swim Lessons At Bartram Springs

Office Phone: 904-880-5156

Calling all kids ages 2 years old and up!

Whether you want to get more comfortable in the water, have the peace of mind of being “water safe”, or master a swimming stroke. We are here to help!

Come on kids, let’s get swimming!!!



- **Group Lessons: \$125.00**

- ***8 – 1/2 Hour Sessions***

- Each class consists of 3-5 children per class. **Children will learn water safety, body positioning, proper technique and recovery.** Class placement will be based on age and ability. *We highly suggest a group setting since children learn through imitation, encouragement, socialization, play and fun with other children.* If only 2 children are signed up for a Group class, those parent’s may cancel their registration prior to starting the session or convert it to either a Semi-Private (2 children), or Private (1 child) class. This will then be priced accordingly.

- **Discounts:** Additional siblings receive \$10.00 off the second child’s regulate rate only on group lessons.

- **Semi-Private: \$165.00**

- ***8 – 1/2 Hour Sessions***

- Consists of 2 children per class. You may sign up a friend, sibling or wait to have a partner assigned to you. Semi-Private fee will be based on 2 in each class or private fees will apply.

- **Private Lessons: \$195.00**

- ***8 – 1/2 Hour Sessions***

- One (1) child per class for individual attention, nurturing, and one-on-one instruction.

Please complete a Registration Form and indicate your request. Parents will be contacted by the *Swim Lesson Coordinator* to schedule and confirm lessons. All registrations are based on a **first-come, first-serve basis**.
Please make Two Choices.

**** All instructors are certified and trained by: ****
STARFISH AQUATICS INSTITUTE

It's time to register for Swim Lessons!

Lessons consist of two-week sessions, four days (Tuesday through Friday) per week. 30 minutes per class

- Session #1:** Tuesday May 6th - Friday May 17th (Morning Lessons Only)
- Session #2:** Tuesday May 20th - Friday May 31th (Morning Lessons Only)
- Session #3:** Tuesday June 3rd - Friday June 14th (Morning Lessons Only)
- Session #4:** Tuesday June 17th - Friday June 28th (Morning Lessons Only)
- Session #5:** Tuesday July 8th - Friday July 19th (Morning Lessons Only)
- Session #6:** Tuesday July 22nd - Friday August 2nd (Morning Lessons Only)

Childs Name: _____ **Age:** _____

Parents Name: _____ **Phone #** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail Address: _____

Morning Times	1 st Choice Session #	2 nd Choice Session #
9:00am- 9:30 am		
9:40 am- 10:10am		
10:20 am- 10:50am		
11:00am-11:30am		
12:00pm-12:30pm		
12:40pm-1:10pm		

Cancellations:

- Classes will be cancelled due to heavy rain and/or lightning lasting 30 minutes prior to class
- Class will be held as usual during light rain with no lightning
- 1st light to medium rain day, there will be a safety day on the deck
- 2nd rain out, there will be a rescheduled make up on that Friday. Contact your swim instructor for more information
- Unless you are contacted by your instructor prior to class please come to the pool.

* Failure to attend class without prior notice will result in the loss of that day's class

Cancellations/Refunds:

- * If you cancel before the 3rd class of the swim lessons, then a 50% refund will be made.
- * Cancelled participation after the third class will result in the forfeit of any refund.
- * There will be a \$50 NSF fee for all returned checks

Make Checks Payable to Vesta

<u>Check Number</u>	<u>Amount</u>	<u>Cash-----Money Order</u>
<u>Parents Signature</u>	<u>Parents Printed Name</u>	<u>Date</u>

Sign "Acknowledgement of Risks" & "Medical Treatment Consent" statements (below).

ACKNOWLEDGMENT OF RISKS AND HAZARDS:

"I understand that participation in activities such as **swimming** may involve the RISKS of SERIOUS INJURY OR DEATH. I also understand that by permitting my child or ward to participate on the Bartram Springs Swim Lesson Program, he or she is subject to the above risks, and that I am fully responsible for any costs incurred as a result of illness and/or injury from such participation."

Parent's Signature

Date

PARENT/GUARDIAN MEDICAL TREATMENT CONSENT:

To: Whatever Medical Authority or Responsible Party It May Concern

"In the event that you are unable, after reasonable effort, to obtain parental consent, then please perform any and all medical treatment requested or needed by my child or children named above. Such treatment should result from the exercise of your best professional judgment under the circumstances.

I hereby consent in advance to such treatment and agree to hold Vesta/ *Amenity Aquatics Staffing, Inc.*, the Community Development Districts, and their staff harmless for any action or claim based upon lack of parental consent that may arise in connection with such treatment. I also authorize such staff to select a medical doctor and/or hospital for the purpose of diagnosis and/or treatment of the above-named minor(s). I have listed below all known precautions (such as diabetes, asthma, heart condition, allergies, etc.) as well as any other relevant medical information for my child or children."

Precautions:

Blood Type: _____ Last Tetanus Shot: _____

Chronic Illnesses: _____

Parent's Signature

Date