THE AQUATICS CENTER (FAC)

SWIM LESSON REGISTRATION FORM FALL/WINTER 2022

FAC FAYETTEVILLE ATHLETIC CLUB

PARTICIPANT'S NAME:			FAC MEMBER JUNIOR MEMBER		NON-MEMBER	DATE OF BIRTH:					
SWIM EXPERIENCE (CHECK ONE)		BEGINNER		SOME SWIMMING WILL PLACE HEAD UNDER WATER		INTERMEDIATE		ADVANCED		SWIM TEAM AND/OR NEEDS STROKE IMPROVEMENT ONLY	
Participant's Street Address					City:		State:		Zip:		
Primary Caregiver Name:	email:				Relationship		Cell phone:		Work phone:		
Secondary Caregiver Name:	email:				Relationship		Cell phone:		Work phone:		
Emergency Contact Name:	email:				Relationship		Cell phone:		Work phone:		
Medical Emergency Information		Epi-Pen/ Epinephrine Antihistamine		Rescue Inhaler		Diabetic Insulin		Other: (please specify)			

PRIVATE SWIM LESSONS - PACKAGE INCLUDES 5, 30 MINUTE PRIVATE LESSONS

PRIVATE LESSONS	PREFERRED DAYS: CIRCLE YOUR PREFERENCE MON TUE WED THU FRI SAT SUN		MEMBER $140		GUEST $160
	CIRCLE PREFERRED TIME OF DAY: MORNING AFTERNOON EVENING		NAME OF PREFERRED INSTRUCTOR (IF APPLICABLE):		

SHARKS SWIM TEAM

Sharks Swim Team practices Monday-Friday 6:00-7:00 PM.
All meets/practices are optional. The monthly fee includes all meets/practices within the month.

	SEPTEMBER 2022		OCTOBER 2022		MEMBER $65		GUEST $80
	NOVEMBER 2022		DECEMBER 2022				
	FAC SHARKS SWIM TEAM SHIRT & CAP BUNDLE - $15.00				FAC SHARKS SWIM TEAM SHIRT - $12.00		FAC SHARKS SWIM CAP $8.00

SIBLING DISCOUNT $5 PER CHILD FOR THE 2nd, 3rd, 4th and 5th children In the same family. May not be combined with any other discounts.

METHOD OF PAYMENT:

CREDIT CARD	**CARD #**	**Expiration date:**
CHECK ATTACHED	**Check #**	**Cash: $**

I agree to assume full risk and release all claims I and/or the participants may have against the Fayetteville Athletic Club (FAC), including it's agents, servants and employees, from such claims resulting from injury, damages or loss sustained during participation in any FAC off site parent program or event. I understand that I am responsible for all personal medical insurance and the participant's family must cover any cost incurred. I also understand that every precaution is taken to protect the safety of all participants. I agree to any emergency treatment by a physician or hospital in the event that the emergency contact listed above can not be reached.

Signature of Parent or Guardian or participant if 18 years or older:	**Date:**
FOR INTERNAL USE ONLY: PRIVATE LESSON ASSIGNED TO:	**Date:**