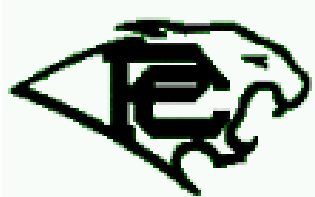


Pine Crest Swimming Lessons

Our lessons program is for children ages
2* and over and is open to the public.

We invite everyone to be part of a great tradition. Regardless of whether your child has no experience in the water, or is developing their strokes, Pine Crest Swimming has a group for them!

WE DO NOT PRO RATE ANY MONTH OR WEEK.



PINE CREST SWIMMING

2700 ST. ANDREWS
BOULEVARD
BOCA RATON, FL 33434

PHONE: 561-852-2825

Website:

WWW.PINECRESTSWIMMING.CO

M

Email:



SUMMER-ONLY PROGRAMS

9 one-week sessions beginning June 1, 2009

SUMMER SMALL-GROUP LESSONS: OPEN TO AGES 2* AND OVER.

PROGRAM CONSISTS OF ONE 30 MINUTE LESSON PER DAY, MONDAY THROUGH THURSDAY.

\$65 PER WEEK.

PRIVATE LESSONS: - OPEN TO AGES 2* AND OVER. PROGRAM CONSISTS OF FIVE 30 MINUTE LESSONS. LESSONS ARE ARRANGED BETWEEN A FAMILY AND THE ASSIGNED INSTRUCTOR. \$200 FOR PRIVATE (1 ON 1) INSTRUCTION.

* **AGE AND ABILITY GUIDELINES:** TO ENROLL IN GROUP SWIM LESSONS, YOUR CHILD MUST BE "WATER SAFE." WATER SAFE MEANS THAT YOUR CHILD CAN MOVE SOMEWHAT FREELY AND INDEPENDENTLY IN THE WATER. IF YOUR CHILD IS NOT WATER SAFE, WE RECOMMEND YOU START YOUR CHILD IN PRIVATE LESSONS. WE WILL DO OUR BEST TO ADVANCE YOUR CHILD FROM PRIVATE LESSONS TO GROUP LESSONS AS QUICKLY AS WE CAN. IF YOU ARE NOT SURE HOW TO PLACE YOUR CHILD, PLEASE CONTACT OUR OFFICE TO ARRANGE AN EVALUATION.

ABSENT/RAINY DAY POLICY: SUBSTITUTION DAYS ARE NOT PERMITTED FOR GROUP LESSONS. LESSONS ARE NOT TYPICALLY CANCELLED FOR RAIN. IN THE EVENT THAT THE LESSON IS CANCELLED DUE TO WEATHER, FRIDAY WILL BE USED AS A MAKE UP DAY.

Placement and advancement is solely at the discretion of the instructors

Pine Crest Swimming

Summer 2009 Swim Lessons Information and Registration

- Sessions:** Nine – 1 week sessions
- Dates :** Monday through Thursday, starting June 1
- Cost:** \$60 per session
- Payment:** Please enclose your check with the registration form and make checks payable to Pine Crest Swimming.

Parent Name: _____

Address: _____

City, St., Zip: _____

Phone #1 (where you can often be reached): _____

Phone #2: _____

Email: _____@_____

Child's Name: _____ **Age:** _____

Week 1 June 1-4 8:30am 9:00am 3:15pm

Week 2 June 8-11 8:30am 9:00am 3:15pm

Week 3 June 15-18 8:30am 9:00am 3:15pm

Week 4 June 22-25 8:30am 9:00am 3:15pm

Week 5 June 29 – July 2 8:30am 9:00am 3:15pm

Week 6 July 6 – 9 8:30am 9:00am 3:15pm

Week 7 July 13 – 16 8:30am 9:00am 3:15pm

Week 8 July 20 – 23 8:30am 9:00am 3:15pm

Week 9 July 27 – 30 8:30am 9:00am 3:15pm

9:00am Lesson

Drop my child off at PC Summer Camp (list camp name) _____

Will pick up my own child at end of lesson (check here) _____

3:15pm Lesson

Pick my child up from PC Summer Camp (list camp here) _____

Will drop off my own child for swim lesson (check here) _____

Pine Crest Swimming
2700 St. Andrews Boulevard
Boca Raton, FL 33434
561-852-2825

**PINE CREST LESSONS
RELEASE, INDEMNITY, FINANCIAL RESPONSIBILITY, AND AUTHORIZATION**

Print Swimmers Name _____

I understand that all possible precautions are taken to ensure that the program and activities in the Pine Crest Swim Lessons are conducted in a safe and responsible manner. I further understand that because of the nature of the activities within the program in which I am enrolling my child, regardless of the high degree of supervision, there is a potential for injury during any activity. I recognize these risks and allow my child to participate in all activities offered in the program in which I am enrolling my child. I agree on behalf of my child and myself to assume the risks associated with all activities which occur at the Pine Crest Swim Lessons. I hereby release and agree to hold harmless Pine Crest Preparatory School, Inc., its officers, trustees, directors, employees, and agents from, and hereby waive any claim, as to any injury or other harm that may occur to my child while attending this program, or any injury or harm that may occur to me as a result of injury or harm suffered by my child. This release and indemnity agreement specifically includes but is not limited to (a) any claim of negligence or negligent supervision against Pine Crest School, its officers, trustees, directors, employees, and agents; (b) any injury or harm that may occur while a child is riding in a vehicle owned or operated by Pine Crest Preparatory School, Inc.; and (c) any injury or harm that may occur while my child is otherwise on the Pine Crest School property, before or after any of the scheduled program hours for any reason whatsoever.

I am responsible for payment of all fees in accordance with the selections I have made and the dates that these payments are due. In cases where more than one party will be sharing the expenses of the fees, each party who signs the application hereby agrees to be responsible for ALL such fees on or before the assigned due dates.

All rules, guidelines, policies, and procedures published in the Pine Crest School student handbook apply to the Swim Lessons. I understand that I will not be issued a refund if my child is suspended or dismissed due to disciplinary action. I also understand that Pine Crest Swim Lessons has a no refund policy regarding all deposits and fees. Once reservations are made and fees are paid, I realize that they are non-refundable and make-up days are unavailable. I further understand that refunds will not be issued in the event of a hurricane or tropical storm event or while storm-related repairs are made to the campus.

Pine Crest Swim Lessons is hereby granted permission to use any individual or group photographs taken during the program showing my child for publicity or brochure purposes.

THE SIGNATURES OF BOTH PARENTS ARE REQUIRED BELOW:

Parent Signature Date Parent Signature Date

**PINE CREST SWIM LESSONS
MANDATORY HEALTH FORM**
This page to be completed by parent or guardian

Pine Crest Swimming
2700 St. Andrews Boulevard
Boca Raton, FL 33434
561-852-2825

Please help us care for you child properly. Carefully list any background information concerning your child's personality, medical problems, surgical background, allergies, medication being taken at home or on campus. We do NOT require a physical exam, so please be as complete as possible. Use a ball point pen and please print.

NAME _____

- Please list any medical conditions or concerns that we should be made aware of (recent surgeries, allergies, etc.) _____
- List any allergies, diagnosis, or emergency precautions that we should anticipate for this individual (allergy triggers, diabetic reactions, etc.) _____
- No over-the-counter remedies or medications will be administered during swim lessons.
- List all medications that are currently prescribed for this individual. Include inhalers, EpiPens, etc.

LOCAL EMERGENCY PHONE NUMBERS Numbers will be dialed in the order below:

Parent/Guardian	Home	Work	Cell
Parent/Guardian	Home	Work	Cell
Other (state relationship)	Home	Work	Cell
Other (state relationship)	Home	Work	Cell

PERSONAL PHYSICIAN AND DENTIST

Name of Physician	Office Phone
Name of Dentist	Office Phone
Name of Insurance Carrier	Policy Number

- If I can not be reached, I give permission for emergency treatment, emergency transportation, hospitalization, anesthesia, or injection, and will be responsible for the bills of same. My authorization does not include major surgery, unless life-threatening, and only then when the medical opinion of two licensed physicians or dentists concur in that treatment.
- There are no extraordinary emergency medical services available at Pine Crest. Since only CPR and general first aid are available until emergency help arrives (911), is this adequate for this individual's survival here at this program? Yes No, Please Specify _____

x _____
Signature of Parent Date

x _____
Signature of Parent Date