

PACK Splash 2010
Learn-To-Swim program
 (281) 221-9693
PACKsplash@packswimming.com
SWIM LESSONS – 25 minutes long
Location: Klein High School

TYPE	DESCRIPTION	DAYS/WEEK	TIME OF DAY	COST
Group	1 to 4 per instructor	Mon/ Wed Tues/Thurs	25 minute lessons See next page for scheduling options.	\$120 (4 weeks) + \$45 annual registration fee per swimmer*

2010 Session Dates for PACK Splash		
September 1 -September 29th	4 weeks	Holiday Monday, September 6 th
October 4 - October 28th	4 weeks	
November 1 – December 2nd	4 weeks	No lessons the week of Thanksgiving.
December 6 – December 30th	3 weeks	No lessons the week of the 20 th -24 th -\$90 (3 week session)

* Registration fee includes a water shirt for toddler sizes OR t-shirt and cap for kids sizes.

Directions to Klein High School: The Klein High School pool is located between Stuebner Airline and Kleb Middle School off of Louetta Rd. The building sits directly behind the Klein ISD police station.

PACK Learn-To-Swim Program
 Mail to: ATTN: Shannon Hamm
 6410 Woodbury Springs Ln. Spring, TX 77379
 Phone: 281-221-9693 • Email: PACKsplash@packswimming.com

2010 REGISTRATION FORM

Parents' First/Last Names: _____ Home Phone: _____

Address: _____
 (Number, Street) (City) (Zip)

How did you hear about PACK Splash? _____ Registration Date: _____

STUDENTS INFORMATION: (Please print all information)

First Name	Last Name	BirthDay MM/DD/YY	Age	Sex M/F	Circle T-shirt size	Comments
					2T 3T 4T 5T 6T YM YL AS	
					2T 3T 4T 5T 6T YM YL AS	
					2T 3T 4T 5T 6T YM YL AS	

PROGRAM SELECTION

Check one, or put name next to if more than one child.

- _____ (A) Baby Fish – Parent/Child class that helps acclimate them to the water (6 months – 3 yrs.)
 _____ (B) Basic Beginner – Beginner, very afraid. Probably won't want face in at first.
 _____ (C) Beginner I – Beginner, not afraid, might put face in, but no experience.
 _____ (D) Beginner II – no skills, NO FEAR! Will jump in and go under.
 _____ (E) Beginner III – Knows how to back float with help, can swim unassisted about 5 feet.
 _____ (F) Moderate – Can swim and breathe unassisted 20 feet or so, needs help with technique.
 _____ (G) Advanced – Can swim two or more of the competitive strokes, needs help with technique.

Preferred Session Date (see page 1): _____

Preferred Lesson Schedule: (circle preference):

Mon / Wed

Tues/Thurs

4:30pm-4:55pm

5:00pm-5:25pm

5:30pm-5:55pm

6:00pm – 6:25pm

6:30pm – 6:55pm

7:00pm –7:25pm

Scheduling notes:

(For Office Use Only)

Received By: _____ Date _____
 Payment Method & # _____ Amount _____ Session _____ Registration Fee _____

PACK Learn To Swim Student History Form

Student Name: _____

Contact Information:

Home Phone _____

Father's WK
Phone _____

Mother's WK
Phone _____

Father's Cell _____

Mother's Cell _____

Preferred EMAIL _____

Name & phone # of person regularly taking student to lesson _____

Child's Medical History:

Taking Medication? _____
Name of medication Reason for medication

Has child ever had a seizure? _____
Date of last known seizure

Special Needs? _____
Has child ever had traumatic experience in or around the water? _____

If Yes, please explain _____

WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the PACK Splash Learn-To-Swim program and hereby agrees to indemnify and hold harmless Premier Aquatics, PACK Splash Learn-To-Swim program, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the PACK Splash program. The participant also agrees to indemnify Premier Aquatics and the PACK Splash Learn-To-Swim program for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Premier Aquatics/PACK Splash to have the participant treated in any medical emergency during their participation in the PACK Splash program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Participant or Parent/Guardian)

Date: _____

Signed: _____
(Participant or Parent/Guardian)

Date: _____