Madonna Proactive
Fall Swimming Lessons
Registration begins Monday Aug 19th- 25th
Lessons Run Sept.9th – Thurs. Oct. 31st

Monday		
4:00-4:30	Shrimp- Chari	Seahorse-Logan
4:30-5:00	Seahorse - Chari	Starfish-Logan
5:00-5:30	Starfish - Chari	Shrimp-Logan
5:30-6:00	Jellyfish- Chari	Stingray-Logan
Tuesday		
4:00-4:30	Seahorse - Chari	
4:30-5:00	Jellyfish -Chari	
5:00-5:30	Shrimp- Chari	
5:30-6:00	Starfish- Chari	
Wednesday 4:00- 4:30	Bobbers & Sinkers-Lisa	
4:30-5:00	Seahorse-Lisa	
5:00-5:30	Stingray- Lisa	
5:30-6:00	Jellyfish -Lisa	
6:45-7:15	Piranha- Lisa	
Thursday		
4:30-5:00	Shrimp - Logan	
5:00-5:30	Jellyfish-Logan	
5:30-6:00	Starfish - Logan	
6:45-7:15	Dolphin-Logan	

Fall Swim Lessons 2013
Registration Aug19th – 25th
Lessons Sept 9th- Oct 31st

(8 weeks, one class per week)

FEES: Members $40 Non-members $64

Today's Date_____

Parent's Name _____

Child's Name_____ Members #_____

Age_____ DOB___/___/_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Work/Cell Phone_____

Emergency Contact_____Relationship to child_____

****Please Circle**** Home Cell Work **Phone_____**

Does your child have a disability or special needs that our instructors should be aware of? _____

Agreement

1. I hereby certify that the above is in normal health and capable of safe participation in the ProActive program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby give permission to the ProActive team to authorized medical treatment in the event that parent(s) and/or emergency contact cannot be reached.
2. I understand that ProActive is not responsible for my child past program ending times.
3. As the parent or legal guardian of the above named person, I hereby give ProActive permission and authority to print his/her name in newsletters and to use identifying information (name, photographs, videos, etc.) in publications or promotional materials.

Cancellation Policy

1. Once you have registered for a class/program, ProActive begins the preparation for the session. If participant cancels participation in the program prior to the session beginning, you will receive 75% Program Credit. Once the session begins, there will be no credit or refunds.
2. No make-up classes will be held for unexpected closure of pool, i.e. Holidays, Vomit/Fecal incidents, Power outages. ***Exception*:** Injury or illness, whereas a doctor's note is mandatory, then partial credit.

Class _____Day_____ Time_____

Parent/Guardian Signature _____Date_____

----------Office Use Only----------

Amount Paid_____ V MC Check $ CTA(Member #_____)

Staff Initials _____ Date_____