



2019 Spring Group Lessons

Registration Form

Saturday Sessions (5 consecutive Saturdays)

<input type="checkbox"/>	April 6th - May 4th
<input type="checkbox"/>	May 18th - June 15th

\$45

Basic Goals per level:

Junior pool:

Aqua Play: (3 months - 3 years) with a parent in pool: Bobs, front and back float, kicking, "big arms" and swimming games.

Kinder: (4 - 6 years) without parent in pool. Little or no swim experience: Water adjustment, breath control, beginning arm strokes, face float, front glide and flutter kick.

Kinder Advance: (4 - 6 years) Focused on areas not passed in Kinder: Back float, jellyfish float, glide and crawl stroke.

Big Pool:

Level 1: Little or no swimming experience: Water adjustment, bobs, entering the pool, jellyfish, front and back floats, glide and flutter kick.

Level 2: Backstroke, crawl stroke and improved rhythmic breathing.

Level 3: Back crawl, elementary backstroke, breaststroke kick, diving and bilateral breathing.

Levels 4 and higher available as Private Lessons:

Level 4: Crawl stroke, distance, breaststroke pull (arms) and backstroke.

Level 5: Crawl stroke, backstroke, distance, breaststroke, wall turns, dives and Butterfly kick.

Level 6: Breaststroke, crawl stroke, tuck, flip turns, surface dive and butterfly stroke.

Initial after reading text below

**STUDENTS AND PARENTS ARE EXPECTED TO FOLLOW ALL SWIMMING LESSON GUIDELINES.*

**CLASSES WILL RUN WITH A MINIMUM OF 3 STUDENTS AND A MAXIMUM OF 5. SOME ADJUSTMENT OF STUDENTS MAY BE NEEDED.*

**REGISTRATION CLOSSES THE THURSDAY BEFORE THE SESSION STARTS!*

**MAKE UP CLASSES ARE NOT OFFERED.*

**PAYMENT MUST BE MADE AT THE TIME OF REGISTRATION.*

For more information, please call and ask for the Aquatic's Desk
(360) 736-1683



Circle class choice

Saturday Morning Classes (Once a week for 5 weeks)

9:00- 9:30	Aqua Play	Kinder	Level 2	Level 3
9:30- 10:00	Aqua Play	Kinder	Kinder Advance	Level 1
10:00- 10:30	Aqua Play	Kinder	Level 1	Level 2
10:30- 11:00	Kinder	Kinder Advance	Level 1	Level 3

Guardian: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Session Date: _____

Swimmer's Name: _____ DOB: _____ Class level : _____ Time: _____

Swimmer's Name: _____ DOB: _____ Class level : _____ Time: _____

Swimmer's Name: _____ DOB: _____ Class level : _____ Time: _____

In consideration of being allowed to participate in any Thorbeckes membership, program, related events and activities, I the undersigned acknowledge, appreciate and agree that: The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE'S or others, and assume full responsibility for my participation. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention to the nearest official immediately. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Thorbeckes FitLife, C&J Inc, R&P Properties, D&K Properties, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the even (RELEASE'S), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASE'S OR OTHERWISE, to the fullest extent permitted by law. We would like permission to use pictures we have taken of you or your child on our website, in our e-news or on our bulletin boards. We will never reference specific information regarding your address, phone or first and last names. We also will never sell these pictures. We will use them exclusively for Thorbeckes purposes. By signing give your permission for a photo release.

Signature: _____ Date: _____

Payment must be made in person.

STAFF NEEDS TO FILL OUT

Date: / /	Payment Method:	Created Profile: Y/N	Into Scheduler: Y/N	Receipt #	Amount Paid:	Staff Initial:
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