

Swim Lesson Registration Form

Parent/Guardian Name(s):

Participant/Child Name(s):

Age(s):

Registration Date:

Address:

City: _____ State: _____ Zip Code: _____

Phone:

(1) _____ (2) _____

Email:

991: _____

Youth Group Lessons:

Spring Session 1: Wednesday January 8th – February 5th

Number of Participants: _____ x \$70

Lessons will be Wednesdays only, dates as followed: 1/8, 1/15, 1/22, 1/29, and 2/5

Spring Session 2: Tuesday April 1st – April 29th

Number of Participants: _____ x \$70

Lessons will be Tuesdays only, dates as followed: 4/1, 4/8, 4/15, 4/22, and 4/29

Please Circle Desired Level: Parent/Child Preschool Level 1 Level 2

Times: Parent/Child, Preschool will be 5:30pm – 6:00pm; Level 1 & Level 2 will be 6:00pm – 6:45pm

****Must register 1 week prior to Group Lesson start date. Any late registration forms will not be considered.****

Adult Group Lessons:

____ Wednesday Session (Adult Lessons)

April 2nd - April 30th

All Adult Group Lessons will be from 6:00pm – 6:45pm

Number of Participants: _____ x \$70

****Must register 1 week prior to Group Lesson start date. Any late registration forms will not be considered.****

Private Lessons:

Please Select Desired Package:

____ **Private Lessons (180 total minutes):**

\$105 per package

Preferred Instructor (Optional): _____

Semi-private lessons with multiple participants (No More than 3) only require ONE fee

4x 45 min. lessons

6x30 min. lessons

____ **Private Lessons (270 total minutes):**

\$135 per package

6x 45 min. lessons

9x 30 min. lessons

Preferred Instructor (Optional): _____

Semi-private lessons with multiple participants (No More than 3) only require ONE fee

All cancelations must be made within 24 hours; extenuating circumstances will be considered

Refunds are a last resort and will not be issued after 90 days of purchase

Medical Consent and On Site Child/Guardian Supervision

"As a guest of the Student Recreation Center, I hereby agree to use the facilities in accordance with the rules and regulations of the Office of Campus Recreation. I also agree to use the equipment in a responsible manner and to hold harmless from liability Indiana State University, as well as its trustees, agents, employees, and for any injury incurred while using any ISU Campus Recreation Facilities and/or Programs. I also understand and acknowledge that as the parent/guardian of the Learn To Swim participant, I am required to be present with the aquatic venue during the entire duration of the respective group or private swim lesson."

Child's Name If Applicable (Print)

Parent/Guardian or Participant Name (Printed)

Date

Parent/Guardian or Participant Signature

Office Use Only			
Payment Method (Circle):	Cash	Check	Credit Card
Total Fee: _____	Invoice Number: _____		
Registration Taken By: _____			

****Any pictures taken during lessons will be property of SRC and potentially used for marketing****

Parking Notice:

Parking in any lot on campus is free after 5:00 p.m. Monday through Friday and all day on the weekends. We will sell \$2/day permits for private lessons and group morning lessons to those who need them. They will only be valid the day/s of the lesson be it private or group. You may also park in any pay lot located on campus. Please call 812-237-8974 for questions related to parking and swim lessons.

Mail-In Registration Instructions:

- 1) Registrations must be delivered prior to the first day of the class/lesson and are on a first come, first serve basis.
- 2) The minimum enrollment for each group lesson level is 3 participants, the maximum enrollment for each level is 10. If a registration is received but there are no longer any open positions, you will be contacted to discuss further options.
- 3) We can only accept checks with the mail-in registration, if you will be paying with credit card, you must visit the Membership Services Counter located in the ISU Student Recreation Center to register.
- 4) ****Regarding private lessons, you will be contacted by an instructor within one week of the date we receive payment.**
- 5) Please make checks out to "ISU Campus Recreation".
- 6) Address the envelope to:

Indiana State University – Campus Recreation
Attn: Sara Turpen
601 N. 6th Street
Terre Haute, IN 47809

Updated 09/6/24