

# Charles River Aquatics

## 2012 Private and **Semi-Private** Series Application Form

### Session 4: February 27 through April 15, 2012

All classes take place at Boston University's Case Center Pool. Directions on our web site – [www.charlesriveraquatics.com](http://www.charlesriveraquatics.com)

Please print clearly and fill out the application completely. If you have any questions, please call (617)-777-3556.

#### Personal Information – Student 1

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### If this is a Semi-Private Application: Personal Information – Student 2

Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

#### Brief Medical Information:

#### Student 1

#### Student 2

Do you (does your child) have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are the attacks exercise induced? Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please have the appropriate medication available in case of emergency.

Do you (does your child) have other special medical conditions? Is there relevant information about you (your child) that we should know in order to give the best possible swim lessons?

#### Student 1

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#### Student 2

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## Enrollment Information

Please make sure you are familiar with all of the policies found on our web site – [www.charlesriveraquatics.com](http://www.charlesriveraquatics.com). Check the half-hour series you are interested in. If you want an hour series, check two consecutive half hours.

<p><b><u>Session 4 Private Series</u></b></p> <p><b><u>Saturday (7 classes)</u></b></p> <p><b><u>\$300/Half-hour, \$575/Hour</u></b> <i>(for 1 hour, check two consecutive half-hours)</i></p> <p>12:35 – 1:05 PM _____</p> <p>1:10 - 1:40 PM _____</p> <p>1:45 - 2:15 PM _____</p> <p>2:20 - 2:50 PM _____</p> <p>2:55 - 3:25 PM _____</p> <p>3:30 – 4:00 PM _____</p> <p><b><u>Sunday (6 classes)</u></b></p> <p><b><u>\$260/Half-hour, \$495/Hour</u></b> <i>(for 1 hour, check two consecutive half-hours)</i></p> <p>12:15 – 12:45 PM _____</p> <p>12:50 - 1:20 PM _____</p> <p>1:25 – 1:55 PM _____</p>	<p><b><u>Session 4 Semi-Private Series</u></b></p> <p><b><u>Saturday (7 classes)</u></b></p> <p><b><u>\$380/Half-hour, \$735/Hour</u></b> <i>(for 1 hour, check two consecutive half-hours)</i></p> <p>12:35 – 1:05 PM _____</p> <p>1:10 - 1:40 PM _____</p> <p>1:45 - 2:15 PM _____</p> <p>2:20 - 2:50 PM _____</p> <p>2:55 - 3:25 PM _____</p> <p>3:30 – 4:00 PM _____</p> <p><b><u>Sunday (6 classes)</u></b></p> <p><b><u>\$325/Half-hour, \$625/Hour</u></b> <i>(for 1 hour, check two consecutive half-hours)</i></p> <p>12:15 – 12:45 PM _____</p> <p>12:50 - 1:20 PM _____</p> <p>1:25 – 1:55 PM _____</p>
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**Total Cost for Series Checked:** \_\_\_\_\_

## Release and Indemnification

Although we take care to guard the safety of you and your children while they are at the facilities of Charles River Aquatics, there are inherent risks associated with water and swimming pools, including but not limited to: slipping or falling on the pool deck, hitting the side or the bottom of the pool or ladders, and breathing in or swallowing water.

For and in consideration of the benefits to me from the use by me and/or my child(ren) of the facilities of Charles River Aquatics, Inc. and Boston University, and other good and valuable consideration, the undersigned, individually and for his/her heirs and personal representatives, hereby releases Charles River Aquatics, Inc. and Boston University directors, officers, agents, and employees from any and all claims of any kind or nature whatsoever, arising out of the use by me and/or my child(ren) of said facilities. The undersigned, individually and for his/her heirs and personal representatives, further agree to indemnify, defend and forever hold harmless Charles River Aquatics, Boston University and their directors, officers, agents, and employees from any and all liability or loss whatsoever, (including any cost of defending claims) arising out of our use of said facilities.

I/we give permission for photo images of my child that may be taken during a session to be used in materials to promote Charles River Aquatics Swim Lessons. All rights to these images are assigned to the Charles River Aquatics and its designates. I/we understand that my child's name will not be used, and that images will be for the sole use of Charles River Aquatics.

Date \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Send completed Application, and a check for the Total Cost of Classes to:

**Charles River Aquatics, PO Box 534, Needham Heights, MA 02494**