

Charles River Aquatics

2010 Private and Semi-Private Series Application Form

Session 1: September 7 through October 24, 2010.

All classes take place at Boston University's Case Center Pool. Directions on our web site – 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

Student 2

Enrollment Information

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

<u>Session 1 Private Series</u>	<u>Session 1 Semi-Private Series</u>
<u>\$255/Half-hour, \$485/Hour</u> <i>(for 1 hour, check two consecutive half-hours)</i>	<u>\$330/Half-hour, \$635/Hour</u> <i>(for 1 hour, check two consecutive half-hours)</i>
12:35 – 1:05 PM _____	12:35 – 1:05 PM _____
1:10 - 1:40 PM _____	1:10 - 1:40 PM _____
1:45 - 2:15 PM _____	1:45 - 2:15 PM _____
2:20 - 2:50 PM _____	2:20 - 2:50 PM _____
2:55 - 3:25 PM _____	2:55 - 3:25 PM _____
3:30 – 4:00 PM _____	3:30 – 4:00 PM _____
<u>Sunday</u>	<u>Sunday</u>
12:15 – 12:45 PM _____	12:15 – 12:45 PM _____
12:50 - 1:20 PM _____	12:50 - 1:20 PM _____
1:25 – 1:55 PM _____	1:25 – 1:55 PM _____

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.

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