



SWIM LESSON ENROLLMENT FORM

Payment in full must accompany registration form.

See other form for COVID-19 action plan.

All Private Lessons expire 3 months from the date of purchase.

PRIVATE

After enrolling in private lessons, an instructor will contact you to schedule your lessons. (Lessons come in a pack of 4x30 min lessons.)

Preferred Instructor _____

Date / Time Preferences _____

Level / Other comments _____

OR

GROUP

The instructor will contact you the Friday before lessons start to give you more information. See details attached.

Month _____

Level _____

****Member \$75.00 () Non-Member \$80.00 ()**

****TODAY'S DATE _____**

****FOR CONTINUED LESSONS ONLY ** STARRED SECTIONS NEED TO BE COMPLETED ****
FOR NEW LESSONS, FILL OUT COMPLETELY

****STUDENT LAST NAME** _____ ****FIRST** _____ **Gender** _____ ****AGE** _____ **DOB** _____

****PARENT/GUARDIAN NAME** _____ ****PHONE** _____ **Work** _____

****EMAIL** _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Are there any medical concerns that would affect this class? _____ Medications _____

RELEASE, WAIVER, AND INDEMNITY OF CLAIMS: For and in consideration of the use or participation by me (or my child or children as identified above if a participant, collectively "child" whether one or more) in activities, classes, programs, events, parties, or instruction at HFC (as defined below), I, on behalf of myself (and my child if a participant), and my (and my child's) personal representatives, heirs, executors, administrators, agents, successors, and assigns, hereby release, waive, discharge, and hold harmless SHARE Foundation d/b/a HealthWorks Fitness Center ("HFC") and their officers, directors, employees, representatives, agents, successors, and assigns (collectively referred to as "Releasees"), from any and all liability, loss, claim, damage, demand, cause of action, or cost, on account of injury or death to my person or property, or person or property of my child, whether caused by the negligence of Releasees or otherwise, arising out of or related to my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC. I agree to indemnify the Releasees and each of them from any liability, loss, claim, damage, demand, cause of action, or cost they may incur due to my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC, whether caused by the negligence of the Releasees or otherwise. I assume full responsibility for my risk of bodily injury, death, property loss, or damage due to the negligence of Releasees or otherwise while I am (or my child is) participating in activities, classes, programs, events, parties, or instruction at HFC. I agree that this release, waiver, and indemnity applies regardless of the location of such activities, classes, programs, events, parties, or instruction. I further agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas, and that if any portion of this agreement and release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also agree that Releasees are not responsible or liable for articles that are damaged, lost or stolen in or about the premises of HFC.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE FOREGOING AND FULLY UNDERSTAND THAT IT IS A WAIVER AND RELEASE OF LIABILITY AND AN INDEMNITY AGREEMENT. I FURTHER UNDERSTAND THAT I AM WAIVING ANY RIGHT THAT I (OR MY CHILD) MAY HAVE TO BRING LEGAL ACTION TO ASSERT A CLAIM AGAINST THE RELEASEES, AND CONFIRM THAT ANY AND ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.

THIS IS A CONTINUING WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND IS BINDING UPON ALL PERSONS WHOSE SIGNATURES APPEAR BELOW AND SHALL APPLY TO ALL SUBSEQUENT USES OF HFC AND ITS FACILITIES AND PROGRAMS UNTIL REVOKED IN WRITING BY THE UNDERSIGNED.

Upon signing this waiver, I represent and warrant that: (a) I am at least 18 years of age and otherwise competent to execute this agreement, and (b) (1) I am a legal and competent parent or guardian who has signed this agreement on mine and my child's behalf, or (2) I am legally authorized to execute this agreement on behalf of the child identified above. I hereby accept responsibility for myself and my child regardless of participation in activities. I also understand that I am responsible for all minor children within my care during my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC.

Signature (18 and over) _____

Date _____

HFC Staff Signature _____

Date _____

HealthWorks Fitness Center
304 N Madison
El Dorado AR 71730
Phone: 870-862-5442 x 13
Fax: 870-862-9922

SWIM LESSON COVID-19 ACTION PLAN

1. Stay home if you feel sick. Any swimmer with fever, cough, flu like or covid-19 symptoms will not be allowed to swim.
2. Equipment used by participants will be cleaned between each lesson.

PROCEDURES & PARENT TIPS

1. Use the family locker rooms when bringing your child for swim lessons, use the bathroom and shower before class begins. All participants will need a swimsuit and towel.
2. Re-adjusting goggles and taking them off and on can waste a lot of time. Please bring a good pair of goggles only if the child is used to wearing them.
3. Please secure long hair with a hair tie or a swim cap. This will save time and promote proper swim technique.
4. All children who are not potty trained must wear a swim diaper under their swim suit. Swim diapers may be purchased at the front desk. **Do not** bring your child to swim if they have diarrhea.
5. Some children may display parent anxiety. The best thing for your child is to let the aquatic staff try to work through this with your child. We ask that all parents of participants in the swim lesson program leave the pool area once your child is transitioned into their swim lesson.
6. In order to prevent outer ear infections, swimmers-ear can be dropped in each ear after swimming. This may be purchased at Wal-Mart or Walgreens. Please check with your doctor first. Towel drying and blow drying also helps to dry the ears.
7. We reserve the right to reschedule a lesson due to ill instructor, or severe inclement weather. If a lesson must be canceled you will receive a notification, call or message prior to lesson. Lessons cancelled will be made up.
8. 24 hour cancellation notice is required to be able to make up a lesson.
9. After the lesson is completed we ask that all participants get out of the pool at this time.
10. If you have any concerns or questions, please speak to the instructor after class or contact the Pool Manager, Meagan King at 870-862-5442 Ext.13

