



**Open Lap Swim:** Now Available! Visit our site for details

**Group Lessons:** 4 students \$20 Per Week or \$60 Per month

**Semi Private Lessons:** 2 Students \$30 per student

**Private Lessons:** 1 student \$60 per lesson

**Large Group Lessons:** 5 students or more \$15 per student

**Pool Parties:** \$200 per hour: DJ, Glow Sticks and Light Show

**Swim Camps:** \$20 per week or \$60 per month TOTAL FUN!

**Aqua Yoga:** \$15 Per 45 min Class

**Aqua Therapy:** \$15 Per 45 min Class

Student Name: \_\_\_\_\_

Student Name # 2 \_\_\_\_\_

Student Name # 3 \_\_\_\_\_

Student Name # 4 \_\_\_\_\_

Parent/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Cell: \_\_\_\_\_

Class Enrollment: \_\_\_\_\_

Day and Time Class Request: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

ALL CHECKS MADE PAYABLE TO "SWIMMING PAST BOUNDARIES"

- SWIM CAMPS
- AQUA THERAPY
- GROUP LESSONS
- PRIVATE LESSONS
- SWIM AND PLAY
- AQUA YOGA
- SPECIAL NEEDS
- POOL PARTIES
- COMPETITIVE SWIM TRAINING
- AQUA FITNESS!

**Swimming Past the Boundaries**  
Multiple Locations Dutchess  
[swimmingpastboundaries.com](http://swimmingpastboundaries.com)  
Corp Office: 845-625-4929



# SWIMMING

## PAST THE BOUNDARIES

*with Christopher Bledsoe*

Please **INITIAL** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

\_\_\_\_\_ I fully agree, understand and promise that my entire family and or entire group will **ALWAYS** be 100% supervised when engaging in any and all activities associated with SPB and any rental facility occupied by SPB.

\_\_\_\_\_ At no time will any member of SPB enter the saunas located in the locker rooms.

\_\_\_\_\_ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis.

\_\_\_\_\_ **Waiver for Medical Treatment (REQUIRED):** In the event that I and/or my child require emergency treatment and our emergency contact cannot be reached, I hereby authorize **SPB** to make arrangements to transport me and/or my child to the nearest hospital emergency facility. I give my consent for any and all necessary medical treatment, if, in fact I and/or my child require the attention of a physician.

\_\_\_\_\_ **Waiver for Participation (REQUIRED):** I understand that **SPB** activities have inherent risks and I hereby assume responsibility for all risks and hazards to me and/or my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless **SPB**, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the program.

\_\_\_\_\_ **Missed Lesson/Unused Session Policy (REQUIRED):** Unused sessions and/or missed lessons are nonrefundable. However, unused lessons are transferrable to another **SPB** member for swim lessons upon your approval. You are required to make **SPB** aware of such a circumstance.

\_\_\_\_\_ **Additional Notes (REQUIRED):** ALL non-potty trained children must wear a swim diaper and swim liner.

**By signing below, I agree that I have read and understand all of the above information as it relates to the SWIMMING PAST BOUNDARIES Aquatics Programs.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_