



**Molalla Aquatic Center
Private Class Registration Form**

Child's Name: _____

Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Date of Birth: _____ Age: _____

Session: _____

-This Section Must Be Completed-

Please list the Days and Times that would work best for your schedule:

1st Preference: _____

2nd Preference: _____

3rd Preference: _____

Would you prefer a male or female instructor? _____

Do you have a certain instructor preference? Y/ N Who? _____

Cancellation Policy, Specific to Private Lessons:

1. A No Show/ No Call for Class will not be made up, pro-rated or refunded.
2. We understand that illness and emergencies happen. If you are going to miss class, we request a courtesy call at (503)759-7665. We need 24 hours prior to your class for a cancellation to be considered for a make-up lesson.
3. Molalla Aquatic Center will only re-schedule a lesson due to sickness, medical emergency, or pool closure.

FRONT DESK STAFF:

Date Received: _____

Class Fee: _____

Payment Method: _____

Deposit of \$50 to hold spot: Y/N Balance Due: _____ Paid In Full: _____

Completed By: _____

Actual Private Lesson Information:

Time of Class: _____ Days: _____ Session: _____

Instructor: _____

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Please initial the following:

- I understand attendance is strongly encouraged at all class sessions.
 - I understand completion of this course does not guarantee my child will advance to the next level.
 - I understand the class fee is due in full at the time of registration and must be paid prior to class starting.
 - I understand if I am dissatisfied with my child's progress, I will make every attempt to speak to the instructor or front desk staff as soon as possible. (We make every attempt to make sure you are satisfied!)
 - I understand all MAC rules and policies will be enforced during my child's class.
 - I understand food and drink (besides water) **will not** be allowed on the pool deck during my child's class.
 - I understand that cancellation of a class lesson with less than 24-hour notice on my behalf, will not be re-scheduled.**
 - I understand that the Molalla Aquatic Center will only re-schedule a lesson due to sickness, medical emergency, or pool closure.**
 - I understand that a no show/ no call for class will not be made up, pro-rated, or refunded.**
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Participating in Recreation Programs sponsored by The Molalla Aquatic District, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me and/or my children arising out of those activities. I understand that Recreation Activities are planned with safety of participants in mind. I further acknowledge that I and/or my children have the physical capacity reasonably necessary to engage in the Recreation Activity for which I have enrolled. I also acknowledge that I take full responsibility for my behavior and the behavior of my child and will conduct myself and direct my child to conduct herself/himself in a safe, responsible, and respectable manner. In case of emergency, accident, or illness, I give my permission for myself and/or my child to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my and/or my child's behalf. It is agreed that the District, its Boards, employees, volunteers, and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my or my child's participation in Recreation Programs. I agree pictures taken during activities may be used for future promotions without compensation.

Guardian Signature _____ Date: _____

Staff: _____ Date: _____

FRONT DESK STAFF:

Date Received: _____

Class Fee: _____

Payment Method: _____

Deposit of \$50 to hold spot: Y/N Balance Due: _____ Paid In Full: _____

Completed By: _____

Actual Private Lesson Information:

Time of Class: _____ Days: _____ Session: _____

Instructor: _____