



**Swim Lesson Registration**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Wellness Center Member? : Yes No Member #: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Children’s Swim Lessons Rules and Guidelines:**

1. Please arrive early to check-in at the front desk. Non-members must present photo id and temporary membership card at the front desk before each class. Rex Wellness Center members need to present their membership card.
2. **Classes must be paid in full at the time of registration. If you cancel prior to one week before the session start date, you will receive a full refund. Cancellations made less than one week before the session start date will not be refunded.**
3. Children must wear “little swimmer” diapers if they are not potty-trained. No rubber pants or plastic diaper covers.
4. Each swim class participant will abide by posted pool rules. Children are not allowed in the steam room, sauna or whirl pool at any time and are not allowed the pools outside of their swim lesson times.
5. Parents must supervise their children at all times. Parents **may not** leave the Wellness Center premises.
6. Children over the age of 4 are not allowed in locker rooms of the opposite sex. The restroom located in the Child Activity Center may be used if a parent of the same sex is not present.
7. Please bring your own towels.
8. In the event that the participant must miss a class, there will be no make-ups. Classes canceled by the Rex Wellness Centers due to inclement weather will be re-scheduled at a later date.
9. Rex Wellness Centers have a no tolerance policy for disruptive or dangerous behavior. If your child exhibits such behavior while in the Center, they will be asked to leave without a refund.
10. Goggles are recommended for beginner and swimmer classes.

**WAIVER OF LIABILITY AND  
ACKNOWLEDGEMENT OF WELLNESS CENTER RULES**

I, as parent or legal guardian, hereby give my permission for my child(ren) to participate in Swim Lessons at the Rex Wellness Centers. I understand that Swim Lessons involves physical activity and presents the risk of injury. I am willing to permit my child(ren) to assume this risk and accept full responsibility for his/her/their participation in Swim Lessons and any potential risk involved with participation. If my child(ren) is/are injured while participating in Swim Lessons, he/she/they will notify the Lifeguard immediately.

I have read and understand this form, the information it contains and the program to which it pertains. I understand the program’s concept, structure, benefits and risks. I have been given the opportunity to ask questions about this program. I understand that Rex Healthcare assumes no responsibility for injury resulting from my child(ren)’s participation in this program. I hereby indemnify, hold harmless and release Rex Healthcare, its shareholders, directors, officials, representatives, agents and employees from any and all loss, claims, injury, damage, or liability which might arise out of my child(ren)’s participation in this program.

I agree to remove my child(ren) from the pool area if the staff ascertains that my child(ren) is/are unable to participate in the activities or becomes disruptive to the other children.

I have read and agree to follow all rules and guidelines regarding class policies.

Print Name: \_\_\_\_\_

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

**For Office Use Only:** Amount Paid: \_\_\_\_\_ Date received: \_\_\_\_\_

Form of Payment: Cash MC Visa Check # \_\_\_\_\_ Charge Member Account

CLASS: AS BS PT SW ASW CLASS DATES: \_\_\_\_\_ CLASS TIME: \_\_\_\_\_

Registered by: \_\_\_\_\_