

SWIM ACADEMY



North Little Rock

Athletic Club

SCHOOL YEAR 2020 - 2021



Our Swim Academy is designed to start and grow with your little swimmer. From the moment he or she walks, we strive to teach your child water safety and comfort and eventually introduce them to the world of competitive swimming.



SWIM ACADEMY POLICIES AND CONTACT INFORMATION

Cancellation

You will be responsible for paying your entire session fee, if you have not provided a WRITTEN cancellation notice to THE SWIM LESSON COORDINATOR by the Friday prior to the start of the session.

Responsibility

Please arrive early and have your child ready to enter the water at the lesson start time. Children must be picked up immediately at lesson end; the instructor will not be able to supervise after class. We prefer that parents not be on deck during lessons but if you feel that you must, please sit at a distance so as not to distract your child.

Make Ups

A make up class will be offered (normally on Fridays) for classes cancelled due to weather or an instructor. If a group lesson falls on a holiday, the class will be rescheduled.

Refund

We are unable to offer refunds for any reason.

Sickness

Swimmers with rashes, fevers or colds may not participate in swim lessons.

Questions? We will be happy to answer them all.
Please email us at swimacademy@nlrac.com or call 501-812-5555.

PRIVATE/SEMI-PRIVATE OPTIONS

Children (ages 2+) and adults alike enjoy the extra personal attention private lessons afford. Have a friend that wants to join you? We also offer semi-privates for 2 swimmers. Our 30 minute lessons are sold in 4-week sessions and may be scheduled Monday - Thursday from 4:00 to 7:00 pm and from 10:00 am to 2:00 pm on Saturdays. The session fees are:

Privates: Members - \$184, Non-members - \$220

Semi-privates: Members - \$132 per person, Non-members - \$160 per person

To schedule your lessons, please contact Quincey Johnson at qjohnson@nlrac.com or 501-812-5555.

PARTICIPANT INFORMATION

Name: _____ Date of birth: _____ Gender: Male Female

Child is a: Member Non-member

Mother's name: _____ Father's name: _____

Street address: _____ City: _____ State: _____ Zip: _____

Mother's phone: _____ Father's phone: _____

Email (for program updates): _____

MEDICAL INFORMATION

Person to contact in case of emergency if parents cannot be reached: _____

Phone(s): _____ Relationship to child: _____

Doctor's name: _____ Phone number: _____

Emergency room of choice: _____

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): _____

PAYMENT INFORMATION

Person responsible for payment: _____

Responsible party's address: _____ City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____ Email address: _____

Method of Payment (Indicate your choice by completing the appropriate information below):

For security reasons, your payment information will be encrypted by our computer software and this information will be shredded.

NLRAC club account option (for members only/account must be current)

Name of member to be charged: _____

Credit/Debit card option (Visa, MasterCard, Discover, American Express)

Name as shown on card: _____

Credit card number: _____ Expiration date: _____ CCV number: _____

WAIVER

Release of Liability and Assumption of Risk Agreement - The facilities and activity programs offered under the auspices of the Little Rock Athletic Centers, LLC (LRAC), dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club, have been designed and established to provide the optimum level of beneficial exercise and enjoyment without compromising the health or safety of the Members or guests who utilize the facilities or participate in its on or off-site activities. Because of the nature of these programs and of the equipment utilized, there is an inherent risk of injury. Therefore, any exercise activity places a practical limitation on the ability of LRAC to prevent injuries to participants regardless of the activities of the participant while taking advantage of the opportunities at LRAC. The undersigned acknowledges the individual responsibility to minimize risk by thoughtful and cautious use of the programs, equipment and the facilities of LRAC.

Therefore, in consideration of being allowed to participate in LRAC programs and to utilize equipment and facilities at LRAC, I the undersigned, acknowledge and agree that:

The risk of injury from the activities involved in LRAC programs, equipment and facilities is significant, including the potential for permanent paralysis and death.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for my participation. I willingly agree to comply with all terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest LRAC representative immediately.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS LRAC, its members, managers, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any

INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, to the fullest extent permitted by law.

Photography and/or Video Responsibility - I understand that the LRAC periodically takes facility and group photography and video and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I recognize that when taking pictures or video of a large group or capturing a spontaneous event, it is not always feasible for the LRAC to obtain individual consent. As a result, if I do not want to be in pictures or video, it is my responsibility to remove myself from the area or group being photographed.

I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of me. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose including, for example, such purposes as publicity, illustration, advertising and web content.

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I can request to not receive emails or texts by contacting the Membership Office at any one of the Clubs.

My signature conveys that I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement.

MY SIGNATURE CONVEYS

- I authorize the LRAC to draft the program fees;
- I understand and agree to the cancellation and re-enrollment policies;
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation;
- I have read the Release of Liability and Assumption of Risk Agreement above; fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement;
- I give my permission for the club to contact me via email with club news and programming information;
- I have read the Permission to Use Photography and/or Video Agreement above and give consent for my child to be in video or photographed; and
- This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Child's Name: _____

Parent's/Guardian's Signature: _____ Date: _____

PLEASE RETURN THE FORM TO THE FRONT DESK.

OFFICE USE ONLY

Start Date _____ End Date _____ Instructor _____

3804 McCain Park Drive • North Little Rock, AR 72116 • 501-812-5555 • www.nlrac.com

