



Start Date: _____
Amount Paid: _____
Staff Initials: _____

Misawa Outdoor Recreation Swim Registration Form

Child's Name: _____

Guardian's Name: _____

Guardian Email: _____

Child's Birth Date: _____ Age: _____

Swim Class Level: _____ Time: _____

- 1. Class Frequency/Fee:** Classes may vary, but generally classes are taught once or twice per week. Each 2 month session will consist of 12-16 individual lessons depending on the Federal Holidays, PACAF days, scheduled instructor absences, and available lesson days. It is the responsibility of the instructor to inform the parents and the Outdoor Recreation Center of any changes in schedules. Fees are due on the day of sign ups. Termination may happen if the instructor, in coordination with the Aquatics Director has determined that they are unable or unwilling to teach your child due to irreconcilable difficulties with behavior, compliance, or communication.
- 2. Makeup Session Policy:** Instructors may schedule make-up lessons in the event of instructors illness. Each instructor is responsible for scheduling make-up dates and notifying students. Make-up sessions will be considered normal scheduled class sessions. Instructors will not schedule make-up training to accommodate participants for convenience.
- 3. Class Cancellation/ Refund Policies:** To receive a 100% refund, you must present your original receipt and notify the Outdoor Recreation Center at least 7 days prior to the start date of the activity. If the cancellation is not made at least 7 days prior a \$25 cancellation fee will be charged. Any cancellations made during the session will be partial and determined by Outdoor Recreation management. There will be no credit or refunds given for illness, inclement weather, disciplinary suspension, emergency closing, or days parents choose not to bring their child to the program.
- 4. Mutual Contract Obligations:** There is no refund or credit given if a child does not attend a regularly scheduled class. Refund requests will be considered with proper documentation for injury or emergency leave lasting two weeks or more when accompanied by a doctor's statement or emergency leave orders. In these cases, it will be considered on a case by case basis and all decisions are made by the Aquatics Director. Failure to provide verification will result in automatic financial responsibility for the full amount even if the child does not attend class.
- 5. Supervision Requirements:** Participants under the age of 12 who are not under the direct supervision of their instructors must be supervised by a parent or adult guardian AT ALL TIMES within the Himberg Pool facility or adjoining Potter Fitness Center locker room/ shower facilities. It is mandatory for all parents whose child is in Water Babies or Toddlers classes to participate in the class and be in the water with their child at all times. For the safety of the other children in the Himberg Pool and accountability reasons, children are **NOT** allowed to roam about the pool deck unattended while classes are in session.



**Misawa Outdoor Recreation Center
Payment Agreement and Credit Card Autopay Authorization**

Child Last Name, First: _____

Sponsor: _____ ADAF AD Other DOD Civ Other Cell

Phone: _____ Duty Phone: _____

Email Address: _____

Thank you for participating in the Outdoor Recreation Program- Swim Lessons.

To ensure your experience is as enjoyable as possible we have adjusted our registration process.

The price per session is listed below: (Please check next to the class for which you are registered)

___ Water Babies: \$100 ___ Private Lessons: \$160

___ Water Babies (SAT): \$60

___ Toddlers: \$100

___ Toddlers (SAT): \$60

___ Preschool: \$100

___ Preschool (SAT): \$60

___ Level 1-6: \$100

___ Level 1-6 (SAT): \$60

By signing below, I authorize the Outdoor Recreation Center to automatically charge my account for any balance due for services I have agreed to pay as stated above.

Signature

Date

This document contains personal data subject to the Privacy Act of 1974, 10 USC 8012 & EO 9397.
Requires safeguarding and disclosure only as authorization in AFI 33-332. CONFIDENTIALITY APPLIES.

Credit Card Number:

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Type of Card: Club Card Master Card Visa Mastercard

Cardholder Name (as it appears on the card): _____

3 Digit CVV Code: _____ Expiration Date (MM/YY): _____ Billing Address Zip Code _____



Himberg Pool ARC Swim Instruction Program

COVENANT NOT TO SUE AND HOLD HARMLESS AGREEMENT

AUTHORITY: 10 USC 8013; Executive Order 9373 and AFI 34-110

PRINCIPAL PURPOSE: To inform patrons of risk associated with swim classes and eliciting household agreement.

ROUTINE USES: None

DISCLOSURE: Failure to furnish information will result in denial of request to participate in swim instruction activities.

In consideration of the permission granted to me and my family members (to include all minor children listed below) to participate in swim instruction activities, I _____, hereby remise, release, and forever discharge the Federal Government of the United States, the Department of Defense, any of the US Armed Forces and their officers, agents, employees, servants, and contractors from any and all liabilities, claims, suits, and proceedings, debts, or dues which my heirs, executors, administrators, cn, shall, or may have by reason of my injury or death and of damage to property owned or being used by me, which occurs while I am in or on a DoD facility participating in this activity.

I further promise never to institute, prosecute, or in any way aid in the institution of prosecution of any claim, demand, action, or cause of action against the United States Government, Department of Defense, or any of their agencies, employees, servants, or contractors for damages, costs, loss of service, expenses, or compensation of or on account of any damage, loss, injury either to person or property which shall occur while I am in or on a DoD facility, or participating in this activity. I acknowledge that I have read and am aware of the terms of this release. I knowingly assume all risks associated with participation in this activity.

NAMES OF FAMILY MEMBER MINOR CHILDREN

Signature of Parent/Legal Guardian

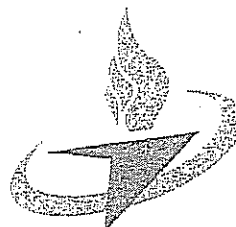
Date

Printed Name of Parent/Legal Guardian

Home and Duty Telephone

Mailing Address

Sponsor's Organization



35th

FSS