



Returning Client Perpetual Membership

Welcome back! Because you are a returning member, you will be placed on our automatic monthly billing, meaning you will be charged for lessons on a month-to-month basis. You will be billed on the 15th of each month. Billing will always reflect holiday closures.

Group: \$35/class + \$30 non-refundable re-enrollment fee

Group lessons (2.5 years old and up) have a 3-4:1 student to teacher ratio. Parent-Tot classes (6 months to 2.5 years old) are considered group lessons as well, and because each child has a parent accompanying them, the class can have up to 7 child/parent couples.

Families with multiple children enrolled in group lessons will receive the following discounts:

- The 2nd child receives a 10% discount on their group lessons, making their charges: **\$31.50/class + \$30 non-refundable re-enrollment fee**
- The 3rd child receives a 10% discount on their group lessons, and a waived re-enrollment fee, making their charges: **\$31.5/class** *Every additional child receives the same discount as the 3rd child.

Semi-Private: \$45/class + \$30 non-refundable re-enrollment fee

Semi-Private lessons have a 2:1 student to teacher ratio. They require TWO children who are close in age to be enrolled together, whether they be family members or friends. *You must be at least 2.5 years old to be in a semi-private/private lesson. \$45 would be applied to each child for each class, whether in the same family or different families. *Students in semi-private/private lessons are not eligible for family discounts.

Private: \$55/class + \$30 non-refundable re-enrollment fee

Private lessons have a 1:1 student to teacher ratio.*You must be at least 2.5 years old to be in a semi-private/private lesson. *Students in semi-private/private lessons are not eligible for family discounts.

*Additional classes per week may be added to your membership upon request through email (loveswimmingnola@gmail.com)

*****SIGN ON BACK*****

What should I bring to class?

All students who are not potty-trained **must** wear a swim diaper **and** a swim diaper cover over the swim diaper. Both can be purchased at the front desk. Goggles are also provided at the lesson. Don't forget your towels! The Parent-Tot (Mommy & Me) class requires 1 parent/guardian to be in the pool with their 1 child, so please do bring a swimsuit for mom, dad, nanny, etc. as well.

When is the monthly billing processed?

Because you are a returning member, you will be charged on the 15th of each month. Clients are billed for the following month's classes.

For Example: On January 15th, clients are billed for all classes between January 15th and February 14th

Billing is based on enrollment, NOT attendance.

What happens if I miss a lesson? Do you offer make-up classes?

Notice by email, phone call, or a doctor's note must be provided to receive a make-up class. If notice or a doctor's note is not provided, we cannot offer a make-up class.

With proper notification, each student is allowed a maximum of 3 make-up classes per quarter (3 months).

Our quarters run as:

- January-March
- April-June
- July-September
- October-December

Make-up classes must be scheduled by email: loveswimmingnola@gmail.com

***Make-up classes cannot be rescheduled once arranged. We cannot accommodate another make-up class if you are unable to attend the initial make-up class you have scheduled.**

What happens if I miss payments?

Clients with past due payments or declined cards will be notified via email. If the balance is not resolved within one week of the billing day, a \$10 late fee will be applied to the account each week until fully paid. After the second week of past due payment, clients may be subject to an automatic withdrawal from the class.

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How and when should I withdraw from classes?

Clients who wish to discontinue lessons **must** complete a Class Withdrawal Form. If we receive a withdrawal form prior to the 15th of the month you will finish your current month of lessons. If we receive the form after the 15th of the month, you would already have been billed for the following month and will be enrolled in that class until the end of that billing cycle. Please contact us with any medical or other emergencies which necessitates you forfeiting your space in class so we can help to solidify a plan with you. In the event that clients are withdrawn for longer than 1 month before they return, a re-enrollment fee of \$30 will be applied to their account.

_____ CHECK HERE ONLY if you wish to discontinue lessons after your first three months.

*Please keep in mind that if you wish to re-enroll into classes after your account has been inactive for longer than one month, a \$30 re-registration fee will be applied to your account.

I acknowledge that I have read and understand all terms and policies in effect for Love Swimming Returning Membership by signing below.

1st Child's Printed Full Name _____

2nd Child's Printed Full Name _____

3rd Child's Printed Full Name _____

4th Child's Printed Full Name _____

Parent/Guardian Signature _____ Date _____

Printed Full Name _____

Class Start Date _____

Please fill out a withdrawal form if you know the date of your expected last class.

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Medical Consent & Emergency Contact Form

Child's Last Name: _____ First: _____
DOB ____/____/____ SEX _____

Additional Child's Last Name: _____ First: _____
DOB ____/____/____ SEX _____

Additional Child's Last Name: _____ First: _____
DOB ____/____/____ SEX _____

Additional Child's Last Name: _____ First: _____
DOB ____/____/____ SEX _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Please Check Primary Emergency Contact

[] Contact Parent Name: _____
Daytime# Cell: _____

[] Contact Parent Name: _____
Daytime# Cell: _____

Medical History

Please list any medical conditions, allergies, learning disabilities, etc. that we should be aware of or that would help us when working with your child:

*****SIGN ON BACK*****

Family Doctor's Name: _____

Phone #: _____

Please sign & date below

I understand that in the event of a medical emergency, the undersigned Parent(s)/guardian(s) of the above named participant(s), hereby grant authorization to Love Swimming Swim Schools and its representatives to employ any legally licensed physician or healthcare facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the above named participant(s). Each of the undersigned further agrees that neither LoveSwimming nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

Informed Consent and Waiver/Release

I, the undersigned, as the parent or legal guardian of the child(ren) listed on this form hereby assume full responsibility for all risks of injury or loss which may result from my child(ren)'s participation in this activity and hereby agree to release Love Swimming, and its employees from and waive any and all claims and demands whatsoever of any accident, illness, injury, or death of any person or persons arising or resulting from participation in Love Swimming programs, save and except to that the above provisions shall not be applicable to injury to or death of persons, arising out of the sole negligent acts or omissions of Love Swimming or its employees. The terms of this release shall serve as a release and assumption of risk of my son(s)/daughter(s).

I understand, agree and acknowledge that there are risks inherent in the sports activity conducted by Love Swimming Swim Schools, and with the full understanding of these facts, I state, that to the best of my knowledge, my son(s)/daughter(s) listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in Love Swimming programs.

Makeup Policy

I understand that should I need to cancel classes due to serious illness or injury, I will be credited for the classes missed provided that I request a withdraw from the class via www.loveswimming.com .

Photos

I also understand that Photos and videos are occasionally taken at the Love Swimming facility and that any photo or video taken of my child(ren) may be used for Love Swimming publicity purposes.

I have read and understood, and I agree with the informed consent and release and the emergency medical authorization outlined above as it relates to my son(s)/daughter(s).

Parent/Guardian Signature: _____

*****SIGN ON BACK*****

Date: _____

*****SIGN ON BACK*****