



Barb Graeve Swim School
Crowne Plaza Registration Form
Fall 2007

Last Name: _____ Parents: _____

Address: if new () _____

City: if new () _____ Zip: if new () _____

Home Ph#: if new () _____ Cell #: if new () _____

Work Ph#: if new () _____ Email: if new () _____

How did you hear about us?

	Swimmer #1	Swimmer #2	Swimmer #3	Swimmer #4
Swimmer's Name				
Age at start of lessons				
Date of Birth (mm / dd /yy)				
Level or description of ability				

<input type="checkbox"/> Sessions wanted	Dates of Sessions	Times must stay within or write flexible. (Example: 4:00-5:30)	Check #	Check Amount
	Mondays for 12 weeks @ 1 class per week Sept. 10,17,24, Oct. 1,8,15,22,29, Nov. 5,12,19,26 \$120 group / \$360 private			
	Home School Fitness Class Mondays for 12 weeks @ 1 class per week Sept. 10,17,24, Oct. 1,8,15,22,29, Nov 5,12,19,26 \$90			
	Wednesdays for 12 weeks @ 1 class per week Sept. 5,12,19,26, Oct. 3,10,17,24, Nov. 7,14,28 Dec. 5 \$120 group / \$360 private			
	Tuesday-Thursday Session 1 Sept. 4,6,11,13,18,20,25,27 \$80 group / \$240 private			
	Tuesday-Thursday Session 2 Oct. 2,4,9,11,16,18,23,25 \$80 group / \$240 private			
	Tuesday-Thursday Session 3 Nov. 6,8,13,15,20,27,29, Dec. 4 \$80 group / \$240 private			

As the legal parent or guardian, I release and hold harmless Barb Graeve Swim School and its instructors, Maple Village Country Club, and Crowne Plaza Hotel, their owners, and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, and any persons observing the classes while in or upon the premises or any premises under the control and supervision of Barb Graeve Swim School, its owners and operators or in route to or from any of said premises.

Signature of parent(s) or legal guardian(s): _____

You may make 1 check for all of your sessions or separate checks may be written and post-dated for each session.

There will be a \$20 fee on all returned checks.

Mail registrations, waivers, and payments to:

Barb Graeve Swim School 12016 William #113, Omaha, NE 68144

Make Up Policy: Make up lessons will not be allowed unless classes are missed due to pool breakdown, weather cancellation, or illness.

Class Times

Mondays:

Homeschool Fitness: 3:00-4:00

Levels Green 1 - Blue 3: 4:15-4:45, 4:45-5:15, 5:15-5:45, 5:45-6:15, 6:15-6:45,

Purple: 4:10-4:50, 4:55-5:35, 5:40-6:20, 6:25-7:05

Private lessons may be scheduled during any of the available class times but you are expected to attend and pay for all of the 12 lessons Cost: \$360

Wednesdays:

9:30-10:00, 10:00-10:30, 10:30-11:00, 12:15-12:45, 12:45-1:15, 1:15-1:45,

4:15-4:45, 4:45-5:15, 5:15-5:45, 5:45-6:15, 6:15-6:45

Private lessons may be scheduled during any of the available class times but you are expected to attend and pay for all of the 12 lessons Cost: \$360

Tuesday-Thursday:

9:30-10:00, 10:00-10:30, 10:30-11:00, 12:15-12:45, 12:45-1:15, 1:15-1:45,

4:15-4:45, 4:45-5:15, 5:15-5:45, 5:45-6:15, 6:15-6:45

Private lessons may be scheduled during any of the available class times but you are expected to attend and pay for all of the 8 lessons Cost: \$240