

BAY TERRACE COUNTRY CLUB

217-14 24th Avenue • Bayside, New York 11360

Tel: (718) 428-0100

www.bayterracecountryclub.com • bayterracecountryclub61@gmail.com

GROUP SWIMMING LESSONS APPLICATION

Participants Name: _____ Gender: M F

Age: _____ Birthdate: _____ Shareholder Seasonal Member Community Participant

SESSIONS: The sessions are in 4 week blocks on Mondays & Wednesdays or Tuesdays & Thursdays. Sessions And swim levels are not guaranteed and will be determined based on class size and level of skill.

Session 1				Session 2			
<u>Monday</u> - <u>Wednesday</u>	<u>Tuesday</u> - <u>Thursday</u>	<u>Monday</u> - <u>Wednesday</u>	<u>Tuesday</u> - <u>Thursday</u>	<u>Monday</u> - <u>Wednesday</u>	<u>Tuesday</u> - <u>Thursday</u>	<u>Monday</u> - <u>Wednesday</u>	<u>Tuesday</u> - <u>Thursday</u>
July 8 - July 10	July 9 - July 11	Aug. 5 - Aug. 7	Aug. 6 - Aug. 8	Aug. 12 - Aug. 14	Aug. 13 - Aug. 15	Aug. 19 - Aug. 21	Aug. 20 - Aug. 22
July 15 - July 17	July 16 - July 18	Aug. 12 - Aug. 14	Aug. 13 - Aug. 15	Aug. 19 - Aug. 21	Aug. 20 - Aug. 22	Aug. 26 - Aug. 28	Aug. 27 - Aug. 29
July 22 - July 24	July 23 - July 25	Aug. 19 - Aug. 21	Aug. 20 - Aug. 22	Aug. 26 - Aug. 28	Aug. 27 - Aug. 29		
July 29 - July 31	July 30 - Aug. 1	Aug. 26 - Aug. 28	Aug. 27 - Aug. 29				

Makeup classes will be held on Friday. No exchange of sessions

Level 1-Introduction to Water Skills Level 2-Fundamental Aquatic Skills Level 3 & 4- Stroke Development

APPLICANT:

Parent/Guardian: _____

Address: _____
(Street) (City) (State) (Zip)

Cell Phone: _____ Email: _____

Emergency Contact: Name _____ Relationship: _____

Cell Phone: _____

Please list any information that you feel the instructor should know (medication, allergies, and/or health conditions)

Has the participant ever participated in an Aquatic course before? Yes No
If yes, when and where: _____

The undersigned applicant and signatories do hereby assume responsibility for any accident, injury or death that may result from participating in the Bay Terrace Country Club, Inc. swim program. I understand there is risk of injury from participation, and I hereby release the Bay Terrace Country Club Inc. and Aquatic Solutions Inc., their Agents, Servants and Employees from suits of law, of whatsoever kind or nature except for the negligence of Bay Terrace Country Club, Inc. or Aquatic Solutions Inc.

Be considerate of others session days agreed to, Cannot be changed once lessons have begun.

Signature (Parent/Guardian)

(Date)

Authorized Signature for Bay Terrace, Inc.

(Date)

FOR OFFICE USE ONLY

Paid: \$ _____

Method of Payment _____ Received

On: _____

Session 1 Session 2 Level 1 Level 2 Level 3-4

FEES ARE NON-REFUNDABLE

SESSIONS MUST BE KEPT AS AGREED UPON NO EXCEPTIONS