

Why Swim?

- Swimming uses most of the major muscle groups, and strengthens the upper and lower body.
- It is a form of meditation that helps calm nerves.
- It is an effective weight-control exercise.
- It improves cardiovascular conditioning.
- It is non-weight bearing and imposes low stress on the bones and joints.
- It burns fat, lowers cholesterol, and builds your heart and lung muscles.

Join the Fun!!



Fee Information:

Private:

- Single Lesson: \$30
- Series of 5 lessons: \$135
- Series of 10 lessons \$260

Semi-Private

(No more than 2 students. Fee is to be split by participants):

- Single Lesson: \$40 (\$20 ea) Member
- Single Lesson: \$50 (25 ea) Non-Member
- Series of 5 lessons: \$180 (\$90 ea) Member
- Series of 5 lessons: \$200 (\$100 ea.) Non-Member
- Series of 10 lessons: \$350 (\$175 ea) Member
- Series of 10 lessons: \$370 (\$185 ea) Non-Member

Additional Information:

In the event of a thunderstorm we will close the pool until 15 minutes after the storm has passed. If you are questioning if the pool will be open please call before coming in. If a class is canceled due to dangerous weather, the instructor will contact you in order to reschedule the lesson.

Cancellation Policy:

There is a 24 hour cancellation policy in place for private swim lessons. If you should need to reschedule your lesson, please do so at least 24 hours in advance or that lesson will be deducted from the number of lessons that you have registered and paid for.

Private & Semi Private Swim Lesson Registration Form

I would like to sign-up for:

- ___ Number of Private Lessons under 5
- ___ Series of 5 Private Lessons
- ___ Series of 10 Private Lessons
- ___ Number of Semi-Private Lessons under 5
- ___ Series of 5 Semi-Private Lessons
- ___ Series of 10 Semi-Private Lessons

Participants Name _____
Parent/Guardian Name _____

Address _____

Age ___ Date of Birth ___/___/___
Home Phone (___) ___-___
Cell Phone (___) ___-___
E-Mail _____

Emergency Contact Person _____
Emergency Contact Phone (___) ___-___
Medical Conditions: _____

The Following Individual(s) are allowed to pick up my child:

1. _____
2. _____
3. _____

Total Fees Owed \$ _____
Method of Payment
___ Cash ___ Check (paid to Lifetime Fitness)
___ Visa ___ Master Card ___ AmEx
Name on Card _____
Card Number _____-_____-_____
Expiration Date ___/___
Authorized Signature _____

NOTE: For a semi-private lesson, a registration form must be filled out for each participant, however a single payment may be made.

PAYMENT MUST BE RECEIVED AT THE FRONT DESK PRIOR TO CLASS.

Please remember to read and sign the waiver on the reverse side of this form! Thank you!

Augusta Health, Inc. / General Release and Indemnification Agreement

I understand that, by participating in the Lifetime Group Swim Lessons for Kids run by staff of Augusta Health Lifetime Fitness I intend to and will be engaging in an activity that carries some inherent hazards and risks of physical injury. I also understand that I will voluntarily assume these, and all other associated risks by participating in this event. I hereby release in full and forever discharge and covenant not to sue Augusta Health its directors, officers, agents, and employees, jointly and severally, on behalf of myself, my heirs, and my personal representatives from any and all claims, demands, or causes of action relating to or deriving from my participation in the Lifetime Group Swim Lessons, including those based on their negligence, which may result from any injury, including death, loss, or damage that I may sustain while participating in this activity. I further agree to indemnify and hold harmless the released parties from any liability, damages, costs or expenses, including attorney's fees, which they or any of the incur as a result of my participation in this activity.

I HAVE READ THIS RELEASE AND INDEMNIFICATION AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARENTEE BEING MADE TO ME, AND I INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature (Parent or Legal Guardian If Under Age 18)

____/____/____
Date



Augusta Health Lifetime Aquatics
Sarah Martin, Group Fitness/ Aquatics Leader
107 Medical Center Circle
Fishersville, VA 22939
Phone (540) 332-5517 Staunton
Phone (540) 932-5517 Waynesboro
smartin@augustahealth.com



Lifetime Swimming

Private & Semi-Private Swim Lessons



www.augustahealth.com