

# Swim School Registration Form

Submit this form to the TCC Concierge Team or email to [TccSwim@ClaremontClub.com](mailto:TccSwim@ClaremontClub.com).

This form is for Swim School registration only. All sign-ups for Baby/Toddler & Me, Swim Team and Private Swim Lessons are at The Claremont Club Front Desk.

My Child is TCC Member: \_\_\_\_\_

My Child is not a TCC Member: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Refunds are not available one week prior to session. Withdrawals greater than 7 days prior to beginning of session will receive 50% refund. No make-ups are permitted. Change of class time or session will result in \$25 transfer fee.

This fee cannot be waived. Initial: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, do hereby release The Claremont Club in which I have enrolled my child(ren), and all its officers, employees and independent contractors, acting within the scope of this employment, of any and all liability for damages arising from personal property loss or any bodily injury received by me or any child(ren) while participating in said facility services, programs or classes. Initial: \_\_\_\_\_

## PERMISSION FOR MEDICAL TREATMENT

In case of an accident or an emergency, I authorize a guardian or EMT to take my child to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

I, the undersigned, hereby grant the forever release unto The Claremont Club permission to take photographs of my child(ren), and all my rights, title and interest in and to all photographs, negatives and prints taken by them, and also the right to publish, display, copyright, and use them, or any part of them, alone or in conjunction with other persons or characters, real or imaginary, for any and all advertising, in all publications and other advertising media without limitation or reservation, either with or without their name or identification and use the photographs or any part of them, alone or in composition with other reproductions of any kind. I, the undersigned, parent or guardian of the child(ren) hereby consent to the foregoing.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the registration information, camp fees and general camp information.

I understand that any changes I make must be done in writing on or before the Monday two weeks prior to the scheduled enrollment. I agree to pay any corresponding fees to any of these changes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION Please print clearly (must be filled out completely)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ ID: \_\_\_\_\_

Please list all allergies, health problems, medications or add'l restrictions we need to be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Parent's Name \_\_\_\_\_ Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am a TCC Member YES NO Email \_\_\_\_\_

My child is enrolled in a TCC Camp YES NO Yes - must enroll in 11am, 11:30am, 1pm or 1:30pm camps Date of Camps \_\_\_\_\_

Lessons are Monday-Thursday. Times: 9 am, 9:30 am, 10 am, 10:30 am, 11 am, 11:30 am, 12 pm, 12:30 pm, 1 pm, & 1:30 pm. Pre-competitive times: 9 am, 11 am, 1 pm, & 3:30 pm.

All children attending club camps while taking swim lessons must sign up for the following swim times: 11 am, 11:30 am, 1pm or 1:30pm class, no exceptions.  
Transfers will take place only at these times. All Claremont Club Camps are 1 week sessions.

Session	Dates	Student Name	Age	Class Level	Time	Member Fee	Non-member	Total
1	June 14 - June 25				1st Choice _____, 2nd Choice _____	\$110	\$150	
2	June 28 - July 9 <small>classes will be held July 5</small>				1st Choice _____, 2nd Choice _____	\$110	\$150	
3	July 12 - July 23				1st Choice _____, 2nd Choice _____	\$110	\$150	
4	July 26 - August 6				1st Choice _____, 2nd Choice _____	\$110	\$150	

Grand Total: \_\_\_\_\_

By signing this document, I state that I will stay on the pool deck during the lesson and will not leave my child unattended. Failure to do so will result in cancellation of my child's lesson with no refund. Change of class time or session will result in a \$25 registration change fee. There are no refunds one week prior to the start of session. Withdrawals of greater than one week will result in a 50% refund.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Form of Payment: Check #: \_\_\_\_\_

Office Use Only - Confirmation call date and time \_\_\_\_\_ Credit Card: \_\_\_\_\_

Office Use Only - Front Desk Date \_\_\_\_\_ CVV: \_\_\_\_\_ Exp: \_\_\_\_\_