



**Joanna K Chodorowska, BA, NC**  
personal nutrition and swim coaching  
215-272-6774

## Swimming Program Client Statement

A signature on this form signifies that I have read, understand, and abide by the information herein. Please be aware that while I am registering myself or my child for participation in swimming lessons, I am waiving and releasing all claims for injuries I or my child may sustain during the lessons. I or my child am/ is voluntarily participating in this swimming program provided by Joanna K Chodorowska.

I warrant and represent that neither I nor my child have any disability, impairment or ailment that prevents me from engaging in active or passive exercise. Please consult with a medical practitioner before engaging in any exercise program.

I recognize and acknowledge that there are certain risks of physical injury to participate in swimming lessons and I agree that full risk of any injuries (including death), damages or loss regardless of severity which I or my child may sustain as a result of participating in swim lesson programs. I agree to waive and relinquish all claims I or my child may have as a result of participating in swimming program against Joanna K Chodorowska, Nutrition in Motion or the facilities where lessons are being held including Germantown Academy (GA), The Abington Club, Winner's Circle and others.

I hereby fully releases and discharge Joanna K Chodorowska, Nutrition in Motion, The Abington Club, Winner's Circle, and all facilities where lessons are held, and its officers, agents, servants and employees from any and all claims for injuries (including death), damages and loses sustained by me or my child arising out of, connected with or in any way associated with the activities of the swimming program.

In an event of an emergency, I authorize Joanna K Chodorowska to secure from any licensed hospital, physician and/or medical person any treatment deemed necessary for me or my child's immediate care and agree that I will be responsible for payment of any/all the medical services rendered.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of client(s) if not over 18: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Contact name in case of emergency: \_\_\_\_\_

Phone number where emergency contact can be reached: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

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## CANCELLATION POLICY

Effective January 10, 2010

Appointments that are cancelled and rescheduled by phone 24 hours prior to the appointment will incur no additional charges. Cancellations made the same day will incur a full charge as I am not able to replace the appointment. Cancellations the night before for an early morning appointment or same day cancellations will incur a half price charge for the scheduled length of the appointment, even if the appointment is rescheduled. If you reschedule right away, I will be less likely to charge for missing an appointment time. I am not an ogre!!

For swim lesson and children's lessons, you are paying for the time slot. If your child does not cooperate (won't get into the pool, gets cold in 15 minutes, poor behavior, etc) you will still pay for the lesson time, not the lesson time taught. Others are waiting for lesson slots! You are paying for the scheduled session.

Please call 215-272-6774 at any time with any changes to the schedule. Sending an email is not adequate as I may not receive the email until after the appointment time. Please realize that I am not in front of my computer all day. You must call to cancel or reschedule the appointment in order to avoid being charged for the session.

Missing your appointment (aka. no show) will incur full charge for the appointment plus an additional 10% fee for my driving time, if applicable. Forgetting to 'write the appointment in your calendar' is not a valid excuse for missing an appointment. I will try my best to confirm appointments, but since most are scheduled within 2 weeks time, a reminder seems unnecessary. Emergency situations will not be included in this policy.

Thank you for your understanding and cooperation. I look forward to working with all of you to help you reach your goals nutritionally and in the pool.

Founder, President  
 Nutrition in Motion

**I have read and agree to this policy. I agree to pay any charges resulting if I do cancel within the parameters of this agreement.** If you do not feel comfortable with providing PayPal info, please check here  and sign the document agreeing that you will pay for the missed appointment by either cash or check.

Name	Date	PayPal account (email address used for PP)
Signature		email to use for communication if diff than PP
MC/VS		exp date/ 3-digit code on back

Billing Address