

Diving Lesson Request Form Sherman Swim School 2017

www.shermanswim.com
Phone: (925) 283-2100
Fax: (925) 283-1654

Diving Student Name(s)	Sex (M/F)	Date of Birth (mo/day/yr)	Diving Level (chart at right)

DIVING LEVELS

Dive 1: Beginning Diver: Has had no formal instruction.
(Prerequisite: Must easily dive head-first from diving board.)

Dive 2: Has had some diving instruction. Can do forward approach, backward press, plus a few dives.

Div Team: Once a diver has safe fundamentals and a few different dives, he/she will be asked to join the diving team.

1

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Best phone # to call with lesson information: _____

Cell Phone, Mother: _____ Cell Phone, Father: _____

Email Address (to keep on file): _____



SEE PAGE 2 FOR DATES, HOURS & PRICES

STUDENT NAME	SESSION #	1, 2, or 3 DAYS MW, TTh, MWF, or F	DIVING LESSON	PREFERRED HOURS	
				1st Choice	2nd Choice
<i>Example Logan</i>	<i>7 & 8</i>	<i>T-Th</i>	30 Min Group Diving	between 5:30 and 7:00	between 2:30 and 3:30
<i>Camille</i>	<i>7 & 8</i>	<i>T-Th</i>	30 Min Group Diving	between 5:30 and 7:00	between 2:30 and 3:30
			30 Min Group Diving	between and	between and
			30 Min Group Diving	between and	between and
			30 Min Group Diving	between and	between and
			30 Min Group Diving	between and	between and
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			30 Min Group Diving	between and	between and

PAYMENT CALCULATION

Annual Reg. Fee (\$30 first student \$40 max./ family)	Session Price (from page 2)	Subtotals
\$30.00	\$180 + 150	\$360.00
\$10.00	\$180 + 150	\$340.00

2

LESSON ENROLLMENT DOES NOT AUTOMATICALLY CARRY OVER TO THE NEXT SESSION. Please list all the Sessions you want each Season. (See reverse side for Session dates and Season Signup Dates.) You may list alternatel Sessions, Days, and Times in case those requested are not available.

Total: _____

Special Instructions: _____

CHOOSE DAYS PER WEEK

1 Day/wk:
Fridays

2 Days/week:
Mon & Weds
Tues & Thurs

3 Days/week:
Mon, Weds & Fri

DIVING REGISTRATION & PAYMENT

2017 DATES, HOURS & PRICES

Signups Open	Session #	Dates	Times (a)	30 Min Group Diving		
				# Days/week		
				1	2	3
Winter Signups Open 28-Dec	1 (3 wks)	Jan 09 - Jan 27	<i>Please contact us to see if diving lessons will be offered this session.</i>			
	2 (4 wks)	Jan 30 - Feb 24	(a)	\$120	\$240	\$360
	3 (4 wks)	Feb 27 - Mar 24	(a)	\$120	\$240	\$360
	4 (4 wks)	Mar 27 - Apr 21	(a)	\$120	\$240	\$360
Spring Signups Open 10-Apr	5 (4 wks)	Apr 24 - May 19	(a)	\$120	\$240	\$360
	6 (3 wks) *	May 22 - Jun 9	(a)	\$90	\$150 (MW) \$180 (TTh)	\$240
	7 (3 wks)	Jun 12 - Jun 30	(a)	\$90	\$180	\$270
Summer Signups Open 19-Jun	8 (3 wks) *	Jul 5 - Jul 21	(a)	\$90	\$150	\$240
	9 (3 wks)	Jul 24 - Aug 11	(a)	\$90	\$180	\$270
	10 (3 wks)	Aug 14 - Sep 1	(a)	\$90	\$180	\$270
Fall Signups Open 21-Aug	11 (4 wks) *	Sep 5 - Sep 29	(a)	\$120	\$210 (MW) \$240 (TTH)	\$330
	12 (4 wks)	Oct 2 - Oct 27	(a)	\$120	\$240	\$360

* Closed for holiday: May 29, Jul 3&4, Sep 4, Oct 31, and Nov 20-24.
Prices reflect actual cost, pro-rated for holidays where applicable.

(a) Classes usually begin at 5:30, 6:00, or 6:30 PM.
In June - Aug (Sessions 7 - 9), classes may also begin at 12:30, 2:00, or 3:00 PM depending on number of students interested.

- 1) Complete both sides of this form, sections 1 - 5.
- 2) Include check or VISA/MasterCard for payment in full. (See below.)
- 3) Return Registration by mail, fax (925-283-1654), or in person to:

Sherman Swim School
1075 Carol Lane
Lafayette, CA 94549

- 4) - Registration Forms are handled in order received, scheduled by the season.
- Please give multiple days/times you are available and each Session you would like.
- Once we contact you with your lesson times, your credit card will be charged, or check cashed. You will only be charged for the lessons scheduled.

PAYMENT INFORMATION:

- Check payable to Sherman Swim School
or
 Credit Card (VISA or MasterCard only) #: _____

3 Billing Address (street, city & zip code): _____

Expiration Date: _____

Signature: _____

[NOTE: \$25 Administrative Fee for all returned checks and declined credit cards.]

4 PLEASE SHARE ANY HEALTH ISSUES OR TRAUMATIC EXPERIENCES OF STUDENT(S):

5 **WAIVER / CONSENT:**

I have read and understand Sherman Swim School's Cancellation and Make-Up Procedures as described in the 2017 brochure or website. I agree to assume all liability for my child(ren) and myself without regard to fault while at Sherman Swim School. I further agree to hold harmless Steve Sherman, Laura Sherman, Bob Sherman, or any of their employees for any complications or injuries that may result to my child(ren) or to me while at Sherman Swim School. I have indicated any traumatic experiences or health issues that my child(ren) may have on this form. I consent to the use for advertising purposes of any and all photographs and/or videos taken of my child(ren) at Sherman Swim School, waiving any right to inspect or approve such photographs or videos before their use, and waiving any and all rights to compensation for their use in Sherman Swim School's advertising.

Signature of Parent or Guardian: _____ Date: _____