

Sherman Swim School Diving Lesson Request Form Summer & Fall, 2024

www.shermanswim.com

Phone: (925) 283-2100

Diving Student Name(s)	Gender (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: Be able to dive head-first from diving board.)

Dive 2: Has had some diving instruction. Can do forward & back
 jumps, plus a few dives.

Div Team: Once a diver has safe fundamentals and control, plus a few
 different dives, he/she can compete in meets with the Junior
 team. Will be invited to join diving team when ready.

1

Parent Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Best phone # to call with lesson information: _____

Secondary Cell #: _____

Parent's Email Address: _____

SEE PAGE 2 FOR DATES, HOURS & PRICES

STUDENT NAME(S):	SESSION #:	DAYS M,W &/or F:	DIVING LESSON	CLASS TIME
			60 Min Grp Diving	5:30 M&W, 2:30 F's
			60 Min Grp Diving	
			60 Min Grp Diving	
			60 Min Grp Diving	

2

Special Instructions: _____

PAYMENTS DUE AT BEGINNING OF EACH SESSION

ANNUAL AAU PRACTICE INS. (\$30/student)	SESSION PRICE (from page 2)	TOTAL

2024 PAYMENT & RELEASES DIVING LESSONS

INSTRUCTIONS

- o Complete both sides of this form, sections 1-5, then return by mail or in person to:

Sherman Swim School
1075 Carol Lane
Lafayette, CA 94549

- o Choose one of the payment options below:

Dates, Hours & Prices

Session	Dates	Times (Subject to change)	Group Diving	
			2 Days	3 Days

2 or 3 Days:

Summer	7	Jun 24 - Jul 26	M&W 5:30-6:30, Fri 2:30-3:30	\$384	\$576
	8	Jul 29 - Aug 23	M&W 5:30-6:30, Fri 2:30-3:30	\$384	\$576
	9 *	Aug 26 - Sep 20	M & W: 5:30 - 6:30	336 *	528 *

Fall	10	Sep 23 - Oct 18	M & W: 5:30 - 6:30	\$384	\$576
	11	Oct 21 - Nov 15	M & W: 5:30 - 6:30	\$384	\$576
	12 **	Nov 18 - Dec 20	M & W: 5:30 - 6:30	\$384	\$576

* Closed for Labor Day, Sep 2, pro-rated.

** Closed Thanksgiving week.

4 PAYMENT METHOD

** PAYMENTS DUE AT THE BEGINNING OF EACH SESSION. **

Check payable to Sherman Swim School or Sherman Divers

Venmo @Shermanswimschool

[NOTE: \$25 Administrative Fee for all returned checks.]

5 AGREEMENT FOR PARENTAL SUPERVISION & RELEASE OF LIABILITY

Participants Name(s)	Date(s) of Birth
_____	_____
_____	_____
_____	_____

The undersigned is either personally taking or has children enrolled to take diving lessons at Sherman Swim School.

I hereby agree that I shall use extreme caution and will be present to actively supervise my children at all times while on the premises of Sherman Swim School. In consideration of accepting me or my child's entry into a diving program, a program that I accept as having inherent risks, I hereby, for myself or my child, waive and release all rights and claims for damages I or my child may incur against Steve Sherman, Laura Sherman, their employees, representatives and/or successors for any and all injuries suffered by myself or my child at any activity sponsored by Sherman Swim School.

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.

By signing this document, I agree that I have read and fully understand its contents. I am aware that this is a release of liability and a contract between myself & Steve Sherman, Laura Sherman, their employees and affiliated organizations. I am signing this document of my own free will.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____ Relation to Student: _____

3 MEDICAL RELEASE

Any known allergies or medical conditions for student? Please explain (may attach extra page):

Are there any conditions that we at Sherman Swim School should know about in teaching your child to dive? Yes _____ No _____ Please explain (may attach extra page):

By signing this provision I agree that I will not knowingly bring any student to diving lessons if he or she has any COVID symptoms, including a temperature of 100.4 or higher.

Signature _____ Date _____