

REGISTRATION

Payment is due at time of lesson, not any earlier. To enroll, submit Registration Form by:

- (1) E-Mail to sarah.e.galecki@uth.tmc.edu
 - (2) Fax to 713-500-8409—Attention: Sarah Galecki
 - (3) At the Recreation Center —Weekdays: 5:30AM—10PM, Saturday: 8AM—8PM + Sunday: 10AM—8PM
- *Once received, an instructor will be in contact within 2—3 days.

PAYMENT

TMC Institution ID + payment by cash or check is due at time of each lesson, not any earlier.
No debit/credit cards accepted. Please make checks payable to: UTHealth

PARTICIPANT INFORMATION			
LESSON TYPE <input type="checkbox"/> PRIVATE <input type="checkbox"/> SEMI—PRIVATE	TMC INSTITUTION		
PARTICIPANT’S FIRST NAME		PARTICIPANT’S LAST NAME	
AGE	BIRTHDATE	SEX	TODAY’S DATE
WHAT IS THE PARTICIPANT’S CURRENT SWIMMING ABILITY?			
WHAT DOES THE PARTICIPANT WANT TO ACCOMPLISH?			
IF PARTICIPANT IS A MINOR, PARENT/GUARDIAN’S FIRST NAME		IF PARTICIPANT IS A MINOR, PARENT/GUARDIAN’S LAST NAME	
BEST CONTACT PHONE #		E-MAIL ADDRESS	
WHAT DAY(S) OF THE WEEK ARE BEST?		WHAT TIME(S) ARE THE MOST CONVENIENT?	

ASSUMPTION OF RISK AND RELEASE WAIVER

I, _____, have volunteered to participate in SWIM LESSONS at The University of Texas Health Science Center at Houston (UTHealth) Recreation Center. I realize that such exercise, in some circumstances, elicit certain complications such as abnormal blood pressure, dizziness or fainting, irregular heart rhythms and, in some instances, heart attack or stroke. I accept the risks associated with such exercise and understand that I may cease participation at any time and for any reason, including feelings of fatigue or any other discomfort or concern. I further understand that, in connection with participation in this activity, it is my responsibility to disclose all relevant information regarding my health status and any previous experiences of unusual responses, symptoms, complications or other issues due to physical effort. I also understand the importance of my promptly reporting any concerns or discomfort I may experience with effort during exercise. I hereby release and hold harmless UTHealth, The University of Texas System, and their regents, officers, employees and representatives from liability for injury or death or damage to property that may result from my participation in this activity. I have read this form and understand the procedures and risks involved and consent to participating in SWIM LESSONS. Any questions I have regarding these procedures have been answered to my satisfaction. By signature below, I consent agree to all terms of this Informed Consent as set forth above.

SIGNATURE	DATE
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INSTRUCTOR USE ONLY

CONTACTED DATE: _____ <input type="checkbox"/> SPOKE TO PARTICIPANT/LESSON SCHEDULED <input type="checkbox"/> LEFT VOICEMAIL <input type="checkbox"/> E-MAILED PARTICPANT <input type="checkbox"/> NO ANSWER, NO VOICEMAIL SET- UP, WRONG #, ETC.	FOLLOW UP DATE: _____ <input type="checkbox"/> LESSON SCHEDULED <input type="checkbox"/> WAITING ON RESPONSE TO SCHEDULE LESSON <input type="checkbox"/> LESSON NO LONGER WANTED <input type="checkbox"/> INSTRUCTOR IS UNABLE TO ACCOMMODATE LESSON
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FRONT DESK STAFF DIRECTIONS

Ensure form is complete + put in binder for SWIM. Payment is due at first scheduled lesson, NOT ANYTIME BEFORE.