

Head-Royce Afternoon Swim Camp

Student Name: _____ Grade: _____

Parent/Guardian #1 _____

Parent/Guardian #2 _____

Please provide email and phone information for confirmation/cancellation purposes.

Email: _____ Phone # _____

Families only enrolling in afternoon swim lessons should also complete and submit page 2 (Medical Information and Release). Families who have submitted the Medical Information and Release form with other sign-ups need not do so again.

OFFICE USE ONLY

Payment Method: VISA MASTERCARD
(3% convenience fee)

Name _____

Address _____

City _____ St _____ Zip _____

CC# _____ - _____ - _____ EXP. _____

Signature _____

Personal Checks should be made payable to:
Head-Royce School, SP

TOTAL FEES: _____

Check # _____ DEPOSIT: _____

Check # _____ BALANCE DUE: _____

Course Information:

The following classes are for afternoon only. Our K-5 Morning Camp includes swim lessons as part of the tuition. If you are registering for the afternoon camp, please complete and return this Swim Registration form along with your deposit as part of your child's HRS Summer Camp Registration Packet to Head-Royce School, Summer Enrichment Camp, 4315 Lincoln Avenue, Oakland, CA 94602. All program fees must be paid in full prior to first lesson. DEPOSITS ARE REQUIRED FOR EACH SWIM CLASS AND ARE NON-REFUNDABLE, with the exception noted below in the Class Cancellation Policy.

Class Cancellation Policy - Should a group swim class not meet minimum registration requirements (3 students minimum), two weeks prior to the start of your child's lesson you will be notified via email/telephone of the class cancellation. You will be given the option to withdraw your child from the group swim class with a full refund or apply your payment to private lessons.

Selecting the correct class for your child? Please refer to the American Red Cross Learn To Swim levels on the reverse side when determining your child's appropriate swim level placement. The instructors will assess each student and teach the student accordingly, however your assistance in placing your child initially is very important. Should you still have course questions please contact the Aquatics Supervisor at dsjoberg@headroyce.org.

Each session offers either 14 or 15 lessons. Each lesson is 25 minute in length, Monday through Friday. *(No classes on Monday, July 5th, due to July 4th holiday)

Session I: June 21 – July 9*

Session II: July 12 – July 30

Lesson Times: 12:05, 1:05 *Private Package only*, 1:35, 2:05

Group and Private Swim Lesson Information:

Lesson prices are per student. There is a \$25 non-refundable deposit for each session/week.

Group Lessons

Instructor to Student ratio is 1:3-6

Session I

\$145 (14 Lessons)

Session II

\$155 (15 Lessons)

Private Lessons Instructor to Student ratio is 1:1. Private Lessons are offered one week at a time or as a full-session. If a family would like to book a private with two students (Instructor to Student ratio is 1:2) of the same swim skill level, please note the additional fee for a 2nd student.

Session I or II OR Week #	Private OR Group Lesson	Swim Level (reverse side)	Preferred Lesson Time	Alternate Lesson Time	Fees	Deposit Due

HEAD-ROYCE SUMMER PROGRAM REGISTRATION FORM

Student - Last Name:		First Name:	Address:	City, Zip:	Phone:	1 Free T-shirt per child Circle Size: Child- S M L Adult - S M L XL
Gender:	School Attending:	Grade Entering September 2010:				
<input type="checkbox"/> Male <input type="checkbox"/> Female						
Parent/Guardian 1 - Last Name:		First Name:	Address (if different from student):	City, Zip:	Cell Phone:	E-mail:
					Work Phone:	
Parent/Guardian 2 - Last Name:		First Name:	Address (if different from student):	City, Zip:	Cell Phone:	E-mail:
					Work Phone:	

First-time families, please check box(es) to indicate what was influential in your decision to join us this summer:

Print Advertisement(s) in _____
 Website
 "Word of Mouth"
 School Auction at _____
 Summer Camp Fair
 Other: _____

MEDICAL RELEASE

I, _____, parent/guardian of _____, give my permission for any medical doctor to provide medical treatment that might be necessary for my child in the 2010 Head-Royce Summer Program under direction of the Head-Royce School.

Parent/Guardian Signature: _____ Date _____

IMPORTANT MEDICAL INFORMATION:

List any prescribed medications:
Please explain:

Indicate any medical conditions of which we should be aware
(please explain and attach additional note if necessary):

ASSUMPTION OF RISK & CONSENT TO PARTICIPATE

I am aware that while my child participates in the Head-Royce Summer Program certain risks and dangers may occur, even though Head-Royce School makes every effort to provide a safe environment for the children. These may include, but are not limited to, the hazards of athletic play, swimming, use of school equipment, or access to and from the school grounds. I understand that serious injuries may occur including severe sprains, broken bones, paralysis, and even death. I accept the policies and procedures listed in the brochure/website and understand that more details will be mailed for my review prior to the program. I also understand that photos of my child, while participating in Head-Royce Summer Programs, may be taken and used in future publications. In consideration of the right to participate in the Head-Royce Summer Program, I hereby assume all the above-mentioned risks and consent to my child's participation in the Head-Royce Summer Program.

Parent/Guardian Signature: _____ Date _____

EMERGENCY CONTACTS:

1. Name: _____ Relationship to child: _____ Phone: _____
2. Name: _____ Relationship to child: _____ Phone: _____

PARENT/GUARDIAN PICK-UP RELEASE

I give permission to release my child to the following persons, who will show ID or equivalent confirmation at time of pick-up:

1. Name: _____ Relationship to child: _____ 2. Name: _____ Relationship to child: _____

Parent/Guardian Signature: _____ Date: _____

Please see reverse for program selection and payment information.