



5959 Common Street
 Lake Charles, LA 70606
 337-310-1681
 www.truebluewaterports.com

STROKE SCHOOL AFTER SCHOOL

10 Week Swim Program – Ages 5 –14

September 4 – November 8

Up to 29 sessions

Tuesday, Wednesday, Thursday's 4:15 – 4:50 PM
 35 minutes of technique, form, speed, building core

New this season:

- Swimmers keep personal log books to chart progress
- Focus on whole self to improve swimming goals
- Reaction time training

35 minute session

- Water-Based Lap Warm Up
- Reaction Time Training
- Technique Practice
- Endurance/Core Training
- Cool Down and stretch

September	-12 Sessions	\$144
October	-13 Sessions	\$156
November	-8 Sessions	<u>\$48</u>
		\$348

Book all 10 weeks now: -48
Total **\$300**

No stroke school Halloween, October 31
 Final Day / Pool Party, November 9

PRORATED DAYS ALLOWED
 Sessions are \$12 apiece.
 No other discounts if prorated.

Prerequisites:

- **Stroke school is only for children who can swim the length of True Blue's Pool (50')**
- (Doesn't have to be pretty, can be on back, side, or front, as long as they can get to other end without assistance)
- The program focuses on technique, form, speed, building core muscles so they **MUST LOVE SWIMMING** and want to improve.

Parents Name: _____

Child's Name: _____

AGE: _____ **Male or Female** _____

Address: _____ **City/State/Zip:** _____

Parent Cell phone: _____

PRINT Email: _____

Is there anything regarding your child's health which we would need to know as a safety measure? Allergies? Special accommodations? Under physician's care?

Please explain:

Office Use Only: Circle Options		
	Sept	\$144
	Oct	\$156
	<u>Nov</u>	<u>\$48</u>
		\$348
		Pay all at once -48
		=\$300
TUES	WED	THURS
_____ x \$12 = _____		
Staff _____ Date _____		

**PADI Swim School Program
Liability Release and Assumption of Risk Agreement**

Please read carefully and fill in all blanks before signing.

I am aware that swimming has inherent risks which may result in serious injury or death. I understand and agree that neither the instructor(s), nor the facility through which this program is offered, at True Blue Watersports, nor Starfish Aquatics Institute, Inc. ("SAI"), nor PADI Americas, Inc. nor its affiliate and subsidiary corporations ("PADI"), nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my child, my family, estate, heirs or assigns that may occur as a result of participation in this program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I, _____(Parent), on behalf of myself as a participant in a swimming program and/or on behalf of my participating minor child, _____(Child's Name), acknowledge, understand and confirm that:

- I/my minor child is in good health and have/has no physical condition that that would prevent participation in this program.
- Swimming is a physically strenuous activity resulting in exertion and if injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, I expressly assume the risk of said injuries and will not hold the Released Parties responsible for the same
- I am of lawful age and legally competent to sign this liability release agreement. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein
- I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my child, heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from participant death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____(Parent)by this instrument agree to exempt and release the facility and professional staff providing the program, Starfish Aquatics Institute, Inc., PADI Americas, Inc., and all related entities as defined above, from all liability or responsibility whatsoever for personal injury, property damage or wrongful death however caused, including but not limited to the negligence of the Released Parties, whether passive or active.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that the facility through which this program is offered, and its associated staff, are licensed to use various SAI and PADI Trademarks and to conduct SAI and PADI training, but are not agents, employees or franchisees of SAI or PADI. I further understand that these business activities are independent, and are neither owned nor operated by SAI nor PADI, and that while SAI establishes the standards for PADI Swim Programs, neither SAI nor PADI is responsible for, nor do they have the right to control, the operation of the facility's business activities and the day-to-day conduct of the swim programs. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this program, neither I nor my estate shall seek to hold SAI or PADI liable for the actions, inactions or negligence of True Blue Watersports and/or the instructors associated with the program.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT AND THE NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT BY READING BOTH BEFORE SIGNING ON BEHALF OF MYSELF, MY MINOR CHILD AND ALL HEIRS.

Signature of Parent of Guardian (where applicable) Date (Day/Month/Year)