

2009 Hidden Forest Swimming Lesson Registration Form

(please print)

Child's First & Last Name		Age	
Home Phone	Parent Name	Other Parent or Other Contact Name	
Street Address	Parent Cell Phone	Other Parent or Other Contact Cell Phone	
City, State, Zip	Parent Work or Other Phone	Other Parent or Other Contact Work Phone	
Hidden Forest Resident Yes No	E-Mail	Other Parent or Other Contact E-Mail	
		Check #	Date Received
		Check Amount	

Cost per child per session is \$90 for nonresidents and \$80 for residents. A \$10 sibling discount (for 2 siblings enrolled in the same session - \$5 per child) will be available when registering during the same session. There will be approximately four to six children per class. Check payable to: HFHOA. Please mail to/drop off at the Hidden Forest Office, 831 Sherman Oak, San Antonio TX 78232. Classes are available on a first-come, first-served basis, and require that forms and payments be received in order to reserve a space in a class.

Each session consists of eight 30 minute classes designed by the American Red Cross. Please refer to the class schedule for times and levels offered. Schedule is subject to change.

Please indicate the session, class time, and swim level preferred:

- July 14 – 24 (Tues-Wed-Thurs-Fri) Level _____ Time _____
- July 14 – August 6 (Tues and Thurs) Level _____ Time _____
- July 21 – 31 (Tue-Wed-Thurs-Fri) Level _____ Time _____
- July 28 – August 7 (Tue-Wed-Thurs-Fri) Level _____ Time _____

If uncertain about class level or for private lessons, please contact Gretchen Roufs Woodfield at Gretchen@GretchenRoufs.com (or telephone 210-601-4572) for more information.

Makeup Classes

In order to maintain a quality program, makeup classes are available by exception only or for inclement weather. Please do not assume that classes will be canceled for weather. If uncertain, call the pool (494-6596) or Gretchen Roufs Woodfield (601-4572). Makeup classes will be scheduled based on the availability of the instructors.

Cancellation Policy

A week written notice of cancellation is required for a refund, less a \$15 administrative fee or by individual exceptions only for injuries, severe illness, or family emergencies. A doctor's note will be required. Because the classes are so small in size, we need to ensure that we have at least 4 students participating in each class. We appreciate your cooperation.

Signature (required) _____ **Date** _____

(Please complete medical information on page 2 of this form)

HIDDEN FOREST HOMEOWNERS ASSOCIATION
831 SHERMAN OAK/SAN ANTONIO, TX 78232
210-494-0711

SWIM AND TENNIS LESSON MEDICAL CERTIFICATE

Complete a separate form for each child to be enrolled in swim and/or tennis lessons. Please print neatly or type. Students may not participate in the HFHOA summer swim and/or tennis programs without a current medical certificate on file with the HFHOA office. Thank you.

Child's Name _____ Sex _____ Date of Birth _____

Address _____ Home Phone _____

Parent/Guardian _____ Work Phone _____

IN CASE OF EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, CONTACT ONE OF THE FOLLOWING ALTERNATE ADULTS:

Name _____ Phone _____

Name _____ Phone _____

Child's Physician _____ Phone _____

List any health conditions (i.e. Diabetes, Epilepsy or Seizures, Heart Condition, Asthma, Allergies, etc.) of which the swim and/or tennis staff should be aware:

List any particular treatments, medication, restrictions or considerations that may be necessary during swim and/or tennis lessons for the above health conditions:

I hereby give my consent for the above child to participate in the supervised swimming and/or tennis instructional program of the Hidden Forest Homeowners Association. The above named child is in good health, is not suffering from any illnesses, and is both physically and mentally able to participate in swim and/or tennis lesson activities. I agree not to hold the Hidden Forest Homeowners Association liable for any injury or illness sustained by the child during any session of swim and/or tennis lessons. If I cannot be reached in the event of an accident or illness which requires immediate medical attention or hospitalization, I hereby give consent and permission to the alternate adults or physician listed above or to Hidden Forest Homeowners Association and its representatives to secure any and all medical treatment or hospitalization which is deemed necessary for the safety of the child. I assume all financial responsibility for the delivery of such medical care.

Signature of Parent/Guardian _____ Date _____

This medical certificate has been completed for: SWIM LESSONS: _____ TENNIS LESSONS: _____