

## **Welcome to Tamarack Swim Lessons!**

Tamarack is a non-profit, therapeutic and recreational swimming pool offering unique approaches to aquatic wellness for all ages, income levels, abilities, and walks of life. We strive to use sustainable practices and we place our local community at the center of our well-being. The comforting 92-degree, the qualified instruction, and the welcoming atmosphere of our facility allows students to relax and learn at an accelerated rate: we pride ourselves in meeting students wherever they're at, and helping new swimmers reach above their goals and beyond.

**Please note the following regarding Tamarack's Swim Lesson Program:**

**Parents/Guardians (or non-minor Students) are responsible for the following information:**

- ⇒ Cancellations:
  - a) For the safety and well-being of staff and other swimmers, we ask that swimmers with any contagious condition (cold/flu, poison oak/ivy, pink eye, diarrhea, etc) refrain from attending lessons until they are past the point of contagion. We ask that you call ahead to inform of absence, in the event that we can provide another student with a make-up lesson or a substitute.
  - b) As a non-profit, we charge for the session in full at time of enrollment in order to support our program. We will not credit or pro-rate based on student attendance. In the event that an Instructor cancels with no available substitutes, the full amount of the cancelled lesson will be either credited towards a future lesson, a make-up lesson (if available), or refunded.
  - c) We will attempt to contact students in the event of Instructor absence, either to cancel, reschedule, or offer a substitute; please make sure we have a reachable contact number on file!
  
- ⇒ **Cloth reusable swim diapers are required for any student with concerns regarding toilet training. Disposable swim diapers are strictly prohibited from entering the water at Tamarack Pool.**
  
- ⇒ **Please encourage all swimmers to use the restroom before the start of every swim. We need your help to prevent bio-hazards and keep our water contaminant-free!**
  
- ⇒ An adult/guardian must remain in the building with their minor student for the duration of swim lessons. We must have an adult/guardian present in order to provide permission to treat a minor in case of sudden illness or injury. Children under 5 must be supervised in locker rooms at all times.
  
- ⇒ Registration:
  - a) Students currently enrolled have priority over their currently enrolled timeslot.
  - b) Open registration will occur the last week of the session for anyone not currently enrolled
  - c) Students wishing to retain their spot must confirm continuation before the start of the Open Enrollment period. Failure to confirm with the Coordinator will result in the removal of the student's enrollment status.
  
- ⇒ Parents and guardians may watch swim lessons from the visitor seating area, outlined in red on the pool deck; personal belongings must stay within the visitor area or stored securely in the locker rooms. Please keep students in the visitor area until their Instructor has retrieved them.
  
- ⇒ Take note of General Pool Rules and review with all students: water safety starts at home!
  
- ⇒ HAVE FUN!

\_\_\_\_\_  
Signature and Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name



In computer \_\_\_\_\_  
by: \_\_\_\_\_

**PLEASE PRINT**

*This form is valid for two years from date of signing*

NAME: \_\_\_\_\_  
Last \_\_\_\_\_  
First \_\_\_\_\_  
Expires: \_\_\_\_\_

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Gender \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ Swimmer/ Non-swimmer

Emergency Contact Name, Relationship & Phone#  
\_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Physician's Address \_\_\_\_\_

Primary Disability or Known Condition of Medical Risk \_\_\_\_\_

List Any Allergies \_\_\_\_\_

List all Medications \_\_\_\_\_

What health insurance do you have: \_\_\_\_\_ Oregon Health Plan \_\_\_\_\_ PacificSource

\_\_\_\_\_ None \_\_\_\_\_ Other (name of company): \_\_\_\_\_

May we e-mail you current information regarding our programs, yes or no?  
\_\_\_\_\_

I, \_\_\_\_\_, have voluntarily chosen to participate in a Tamarack Aquatic Center swim and/or exercise program. I understand that there are inherent risks involved in this activity, in and around the Tamarack Aquatic Center pool and I accept any and all responsibility for injury and/or damage, which I may incur during this activity.

Signature

\_\_\_\_\_ Date

updated 8/2018