



NOB HILL SWIM CLUB

2010 Swimming Lesson Registration Form

Rolling Acres Improvement Association – P.O. Box 422

Ellicott City, MD 21041 - 410-461-9120

www.nobhillswimclub.com

Please print clearly. Additional application and lesson forms are available on the website.

Last name: _____ First name: _____

Address: _____ Email address: _____

_____ Home phone: _____

Teaching young people about safety in and around water is paramount. Nob Hill Swim Club can partner with you and assist you in giving your children the skills they need. Nob Hill Swim Club offers a robust swim lesson program that meets the needs of beginners through advanced swimmers and the group lesson program allows for both group and individual instruction.

Please consider registering your child for swim lessons this summer. Please refer to 2010 Swim Lesson schedule (available on the website) to complete the lesson form accurately.

Child: _____ 1st choice Session: _____ Class: _____ Time: _____

_____ 2nd choice Session: _____ Class: _____ Time: _____

Child: _____ 1st choice Session: _____ Class: _____ Time: _____

_____ 2nd choice Session: _____ Class: _____ Time: _____

Child: _____ 1st choice Session: _____ Class: _____ Time: _____

_____ 2nd choice Session: _____ Class: _____ Time: _____

Child: _____ 1st choice Session: _____ Class: _____ Time: _____

_____ 2nd choice Session: _____ Class: _____ Time: _____

Private Lessons: On a limited basis, private one-to-one swim lessons are available; please discuss pricing and availability with the Pool Manager after the pool opens for the season.

Complete the Swim Lesson Summary section on the next page to calculate your registration total



Swim Lesson Summary

Total Number of Sessions (member rate): _____ \$50.00 ea \$ _____

Total Number of Sessions (non-member rate): _____ \$70.00 ea \$ _____

Total \$ _____

My signature below acknowledges that I have read and understand the Nob Hill Swim Club rules, and agree by the submission of my membership/lesson fees to abide by them (rules available on the website).

On occasion Nob Hill Swim Club (RAIA) takes photographs and/or video of the pool and surrounding property while members are present. These photos and video segments are used strictly for promotional purposes in print and on the web. By signing the application form you authorize Nob Hill Swim Club (RAIA) to use photos/video of you and your family members for this purpose. If you have questions or concerns about this policy please contact the RAIA Board of Directors in writing at management@nobhillswimclub.com.

Signature

Date

Please make **ALL** checks payable to **Rolling Acres Improvement Association**. Your canceled check is your receipt. There is a returned check fee of \$25.00 for all returned checks.

For office use only: **Check received:** _____, 2010 **Check No.:** _____ **Amount: \$** _____