

# SWIM TEAM CONDITIONING

Swim Team Conditioning is offered to all experienced swimmers age 8 and older. Swimmers will focus on improving competitive swimming skills, which include racing starts, flip turns, stroke mechanics and endurance. *Please note: This is not a swim lesson.*

Please come prepared with a swimsuit, goggles, and a swim cap. Classes will be limited to eight students. You must attend all classes that you register for, see the reverse side for policies regarding missed classes.

## Requirements:

All participants must be able to swim 4 consecutive laps. Swimmers will be expected to swim between 1,000 and 2,000 yards in the hour long class.

Those 12 and older must have an understanding of all four strokes.

### Year 'Round (September 7, 2010-May 27, 2011)

Class	Time	Price	
		Member	Non-Member
Tuesday	6:30pm - 7:30pm	\$60	\$106
Thursday	6:30pm - 7:30pm	\$60	\$106

### Fall Warm Up (September 7, 2010-October 29, 2010)

Class	Time	Price	
		Member	Non-Member
Monday	4:00pm - 5:00pm	\$60	\$106
Tuesday	4:00pm - 5:00pm	\$60	\$106
Wednesday	4:00pm - 5:00pm	\$60	\$106
Thursday	4:00pm - 5:00pm	\$60	\$106
Friday	4:00pm - 5:00pm	\$60	\$106

### Spring Warm Up (February 28, 2011 - May 27, 2011)

Class	Time	Price	
		Member	Non-Member
Monday	4:00pm - 5:00pm	\$60	\$106
Tuesday	4:00pm - 5:00pm	\$60	\$106
Wednesday	4:00pm - 5:00pm	\$60	\$106
Thursday	4:00pm - 5:00pm	\$60	\$106
Friday	4:00pm - 5:00pm	\$60	\$106

## Monthly Tuition:

**Cost is based on the number of days per week, per child enrolled per month.**

**\*\* Register for two or more classes per week, per child, and receive a 20% discount!**

Tuition Examples for members:

1 child attending Mon & Wed:  $\$120 - \$24 = \$96/\text{month}$

2 children attending Tue & Thurs:  $\$240 - \$48 = \$192/\text{month}$

1 child attending Mon & 1 child attending Tue and Thur:  $\$60 + (\$120 - \$24) = \$156/\text{month}$

The registration fee only applies to non members. The fee is \$30 for the first student, and \$15 for each additional student.

**Questions? Please stop by the Aquatics Office or contact us via email: [swimteam@hachealthclub.com](mailto:swimteam@hachealthclub.com)**

# GROUP SWIM LESSONS POLICIES AND PROCEDURES

## **Parent Viewing**

We ask that parents bring the child to the pool deck and leave the child with the Instructor and/or Swim Lesson Coordinator. We ask that parents do not sit within 10 feet of the teaching space.

## **Withdrawing**

Once registered, 30 business days notice before the next monthly billing must be given to withdraw from a class. If you are not paying by automatic monthly payments, the Aquatics Department requests cancellation notice 10 days prior to the last class you wish to attend in order to receive a credit or refund for the unused portion of paid services. Failure to provide 10 days notice will result in a charge for the next class with or without attendance.

## **Missed Class**

Make-ups will be granted for a missed class when at least 24 hours advanced notice is given to the Aquatics Office. Make-ups must be made within one month of missed class. Make-ups will be scheduled in a class similar to the one missed as space permits. Only the Aquatics Office can schedule make-ups. Please do not try to coordinate a make-up with the instructor. There is a maximum of 4 make-ups allowed per year.

## **Bad Weather/Cancellations**

In case of bad weather, please call 302-239-6688 ext. 149 to check on the pool's status. The Aquatics Complex must close during Thunder and Lightning Storms. Any classes cancelled due to bad weather, pool issue, or instructor absence will be made-up based on pool space and instructor availability or a credit voucher will be issued. If a class does not fill, we reserve the right to cancel the class. Every effort will be made to accommodate any registered child in a similar level class that still has space. If another class offering is not possible, then a credit voucher or refund will be issued.

## **Payments**

If you are not using automatically monthly payments, your monthly fees are due by the first of each month. Failure to pay by the specified date will result in a \$20.00 late fee for each month that payment is late.

## **Credit Vouchers**

Credit Vouchers will be issued if the Aquatics department decides to cancel a class.

Credit Vouchers or refunds cannot be given for any missed group lessons.

Credit Vouchers can be applied to any future aquatic programs and must be used with-in one year from the date issued.

Aquatic Credit Vouchers are not transferable to other departments.

# HAC SWIM TEAM CONDITIONING REGISTRATION FORM

Participant Name(s)	Age	Class	Day	Time
.....				
.....				
.....				
.....				

**Parent's Name**  
.....

Home Phone	Cell Phone	Email
.....		

**First Month's Payment:**

Check     Credit Card     Cash     Club Bucks     Card on File

Credit Card Type	Credit Card Number	Expiration
.....		

I understand that to be considered for enrollment, the first month's tuition must accompany this registration form. All regular monthly payments must be made by Electronic Funds Transfer (EFT). Please complete the Aquatics Department EFT Agreement.

I hereby authorize Hockessin Athletic Club to enroll me and/or my children in the above indicated services. I understand that the Registration Fees are non-refundable. I have read, understand, and agree to all HAC Swim Academy Policies and Procedures.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HAC AQUATICS DEPARTMENT EFT AGREEMENT

I hereby authorize Hockessin Athletic Club (HAC), to initiate debit entries in the amount of \$\_\_\_\_\_ per month on or about the 10th of every month to my checking, savings or credit card account from the financial institution named below. I hereby authorize HAC to initiate a correcting credit or debit entry to my account on the condition that the HAC has sent or delivered to me written notification of such correction and reason thereof. I understand that it is my responsibility to notify HAC of any changes to my banking information. There will be no refunds if memberships cancelled. The Aquatics Department and/or HAC is not able to discontinue a monthly payment after the 20th of the month preceding the billing. The withdrawal form (available in the Aquatics Department) must be submitted 30 days prior to termination of services. The Aquatics Department and/or HAC will not issue refunds for billing that was not stopped without the regular 30 day notice and a complete withdrawal form.

**Starting Month** \_\_\_/\_\_\_/\_\_\_ **and automatically renewing month to month until 5/10/11. (Initial X\_\_\_\_\_)**

**Rejected EFT charges on credit cards or checking/savings accounts are subject to a \$25.00 service charge.**

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Card on File
<b>Card #</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Exp.</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>Bank Name:</b>
<b>Routing Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Account Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

This authority is to remain in full force and effect until the Aquatics Department or HAC has received a **completed withdrawal form 30 days prior to termination (Initial X\_\_\_\_\_)** as to afford HAC a reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by my bank prior to receipt of notice of termination.

I have read and understand this Agreement.

Member Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_