

SWIM ACADEMY

Our Swim Academy is designed to start and grow with your little swimmer. From the moment he or she walks, we strive to teach your child water safety and comfort and eventually introduce them to the world of competitive swimming.

To register your child please contact one of our offices:

LRAC: 501-225-3601 (ext. 310) | swimacademy@lrac.com

LRRC: 501-225-5711 | swimacademy@lrrcfc.com



**The
Athletic Clubs**

Little Rock Athletic Club

4610 Sam Peck Rd., Little Rock, AR 72223
501.225.3600 • www.lrac.com

Little Rock Racquet Club

1 Huntington Rd., Little Rock AR 72227
501.225.5711 • www.lrrcfc.com

PRIVATE LESSONS

Ages: 2 - Adult

Schedule: 30 minute lessons held once a week

Maximum Enrollment: 1

Fee: **8 Week:** Members: \$230, Non-members: \$296

4 Week: Members: \$115, Non-members: \$148

SEMI-PRIVATE LESSONS

Ages: 2 - Adult

Schedule: 30 minute lessons held once a week

Maximum Enrollment: 3

Fee: **8 Week:** Members: \$164 per swimmer,
Non-members: \$214 per swimmer

4 Week: Members: \$82 per swimmer,
Non-members: \$107 per swimmer

GROUP OPTIONS

We hold lessons Monday through Saturday. All of our groups are offered in 8 week sessions during the fall/winter/spring and in 4 week sessions during the summer.

8 Week: Members: \$160, Non-members: \$208 | **4 Week:** Members: \$80, Non-members: \$104

Level 1

Ages: 3 - 6 years

Schedule: 45 minute lessons held twice a week

Maximum Enrollment: 4

Requirements: None. This class is designed for children that are either completely new to the water or are anxious about swimming.

Level 2

Ages: 3 - 7

Schedule: 45 minute lessons held twice a week

Maximum Enrollment: 5

Requirements: Swimmers must have a grasp of basic safety skills and elementary freestyle.

Level 3

Ages: 3 - 7

Schedule: 45 minute lessons held twice a week

Maximum Enrollment: 6

Requirements: Swimmers must be able to swim freestyle, have an elementary understanding of backstroke and be able to swim 10 feet unassisted.

Learn to Swim

Ages: 7 - 10

Schedule: 60 minute lessons held once a week

Maximum Enrollment: 6

Requirements: None. This class is designed for swimmers that cannot swim without a flotation device.

Swim Team Prep

Ages: 5 - 10

Schedule: 30 minute lessons held twice a week

Maximum Enrollment: 8

Requirements: Swimmers must be able to swim a full length of the pool freestyle and have a basic knowledge of backstroke and breaststroke. Goggles are required.

PARENT & CHILD PROGRAM

Designed as a "Mommy or Daddy and Me" course, you and your child will bond and learn together in the pool. Through games and songs, we help you create a comfortable and safe environment for your child and teach basic skills for making

Ages: 6 - 24 months

Schedule: 30 minute lessons held once a week

Requirements: One adult/guardian must be in the water with each child. Children must wear swim diapers.

8 Week School Year Sessions: Members: \$80, Non-members: \$104

CRUNCH TIME

If there's no time for swimming during the school year, then "Crunch Time" is for you. During the summer, we'll cram a month's worth of lessons into one week, attempting to turn your land rover into a water creature - in a hurry!

Crunch Time Groups

Crunch Time groups are for Level 1, 2, and 3 swimmers.

Ages: 3 - 7

Schedule: 60 minute lessons held Monday - Thursday for 1 week

Maximum Enrollment: 5

Weekly Fees: Members: \$80, Non-members: \$104

Crunch Time Privates

Ages: 2 - Adult

Schedule: 30 minute lessons held Monday - Thursday for 1 week

Weekly Fees: Members: \$115, Non-members: \$148

PARTICIPANT INFORMATION

Name: _____ Date of birth: _____ Gender: Male Female

Child is a: Member Non-member

Primary Guardian's Name: _____ Relationship to Swimmer: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Contact Email: _____

Brief description of participant's experience in water: _____

MEDICAL INFORMATION

Person to contact in case of emergency if parents cannot be reached: _____

Phone(s): _____ Relationship to child: _____

Doctor's name: _____ Phone number: _____

Emergency room of choice: _____

Allergies, medications, special conditions including but not limited to asthma, diabetes, sun sensitivity, seizures or fainting spells (please provide specifics): _____

PAYMENT INFORMATION

Person responsible for payment: _____

Responsible party's address: _____ City: _____ State: _____ Zip: _____

Day phone: _____ Evening phone: _____ Email address: _____

Method of Payment (Indicate your choice by completing the appropriate information below):

For security reasons, your payment information will be encrypted by our computer software and this information will be shredded.

LRAC/LRRC club account option (for members only/account must be current)

Name of member to be charged: _____

Credit/Debit card option (Visa, MasterCard, Discover, American Express)

Name as shown on card: _____

Credit card number: _____ Expiration date: _____ CCV number: _____

POLICIES

Refunds: _____ please initial

We are unable to offer refunds for any reason other than an official weather cancellation.

Weather policy: _____ please initial

The Aquatics office will call or email in the event of a weather cancellation approximately 30 minutes prior to the lesson. In the Winter months, we will follow the Little Rock School District's inclement weather policy.

Cancellations: _____ please initial

The Swim Academy reserves the right to cancel, combine and/or change instructors or classes as needed.

**NOW SIGN
THE WAIVER
ON BACK →**

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I understand and acknowledge that this is an agreement between myself and the auspices of the Little Rock Athletic Centers, LLC, dba Little Rock Athletic Club, Little Rock Racquet Club, North Little Rock Athletic Club and Downtown Athletic Club (collectively referred to as LRAC). I further acknowledge that I have the ability to read and have been provided the opportunity to read this agreement before signing.

I understand and agree that being allowed to participate and utilize the equipment, programs, supplies, services, staff and facilities at LRAC is good and valuable consideration for this agreement.

I understand that the nature of LRAC's facilities and equipment contemplate that other members, guests and staff will have access to the equipment, supplies and services available at LRAC. While LRAC takes reasonable steps to insure the safety and sanitization of the equipment, programs, supplies, services and facilities, it cannot and does not guarantee that the equipment, programs, supplies, services and facilities are germ / virus free (this includes, but is not limited to COVID-19). I acknowledge the individual responsibility regarding these issues and hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities. I also acknowledge the individual responsibility regarding the fact that other members, guests or staff may be present and may have medical conditions and/or infections wholly independent of LRAC. I hereby waive any and all claims related to such issues should I or my children choose to participate and/or utilize the equipment, programs, supplies, services and facilities while other members, guests or staff are present.

RELEASE AND AGREEMENT NOT TO SUE: I understand, acknowledge and agree that the equipment, programs, supplies, services and facilities at LRAC are voluntary and that they involve inherent risks. The risk of injury includes the risk of use and the risk of misuse. The possible injuries include the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation and that of my children. I knowingly and freely agree to waive any claim for injury sustained at LRAC and agree not to sue LRAC (including its managers, officers, officials and/or employees) whether or not the claim for injury was caused by the negligence of LRAC, its managers, officers, officials and/or employees. I further agree to indemnify and hold harmless LRAC against any and all damage, loss, cost and expense related to any injury or harm I or my children might sustain.

Photography and/or Video - I understand that LRAC periodically takes facility and group photographs and videos and uses the resulting content for lawful purposes including, publicity, illustration, advertising and web content. I grant to LRAC and all its subsidiaries the right to take photographs and/or videos of myself or my children. I authorize LRAC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that LRAC may edit and use such photographs and/or videos for any lawful purpose..

Text and Email Communication - By opting in to receiving text and email messages from LRAC, I agree to allow LRAC and all its subsidiaries, agents and service providers to contact me with promotional and informational texts and emails at the phone number(s) and/or email address(es) provided. I acknowledge that providing these phone numbers and email addresses is not a condition of receiving any property, goods or services. By listing this information, I certify that it is accurate and that I own the rights to use it and give consent for it/their use. Additionally, I understand that I may unsubscribe at any time to these communications.

PARTICIPANT AGREEMENT

My signature conveys:

- I have read all of the above, fully understand its meaning and that I have given up substantial rights and granted specific permissions which I do freely and voluntarily without any inducement or coercion.
- I give my consent for my child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in the case of an emergency when a parent or guardian cannot be reached. Consent is also given for an LRAC employee or his/her duly appointed representative to transport my child for emergency medical treatment in said situation; and
- I authorize the LRAC to draft my program fee;
- I understand and agree to all Swim Academy policies;
- I give permission for the club to contact me via email with club news and programming information; and
- I have read the Permission to Use Photography and/or Video Agreement above and give consent for my child to be in video or photographed.

Child's Name: _____

Parent's/Guardian's Signature: _____ Date: _____

