



TIMPANY CENTER

Starfish Swimming®

Program Registration

TIMPANY CENTER



Student Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Phone (h) _____ (w) _____

Student Date of Birth _____ Age _____ Gender _____

Parent/Guardian Name _____

Phone _____

How did you find out about the Swim Lesson Program? Please circle.

Advertisement A Friend Previous Lessons Walk in Other _____

COURSE INFORMATION

Step 1: CIRCLE SESSION	Step 2: CIRCLE COURSE	Step 3: CIRCLE ABILITY LEVEL
#5: July 7 th – August 2 nd	StarBabies™	White
#5a: July 8 th – 31 st * <small>*Tuesday/Thursday Morning Option Only</small>	StarTots™	Red
#6: August 4 th – August 30 th	AngelFish	Yellow
#7: September 8 th – October 25 th	Starfish Swim School	Blue
#8: November 3 rd – December 13 th <small>No classes Nov. 24th-29th for Thanksgiving</small>	Starfish Stroke School	Green

Step 4: CIRCLE AVAILABLE TIMES

	3:00pm	3:40pm	4:20pm		
Mondays					
Tuesdays	10:00am*	10:40am*	11:20am*	5:30pm	6:10pm
Wednesdays	3:00pm	3:40pm	4:20pm		
Thursdays	10:00am*	10:40am*	11:20am*	5:30pm	6:10pm
Fridays	3:00pm	3:40pm	4:20pm		
Saturdays	9:30am	10:10am	10:50am	11:30am	

PLEASE READ

- I understand that the Timpany Center requires all parents/caregivers to remain at the pool during a child's swim lessons.
- I understand that registering reserves a spot in the swim lesson program. Because space is limited and instructors contracted, cancellations cannot be refunded without proper documentation of a medical issue.
- I have read and understand the Timpany Center Swim Lesson Make-Up Policy.
- I understand that I and/or my child may be photographed and/or filmed while participating in Timpany Center programs and that the photographs or video images may appear in marketing or educational materials. If you wish to opt out, please initial here: _____
- I agree to assume all liability for my child/children while attending any program managed by the Timpany Center. I further agree to hold harmless San Jose State University Research Foundation or any of its officers, agents, employees or assigns for any complications or injury that may result to my child/children or to me while at the Timpany Center.
- I understand that the Timpany Center reserves the right to cancel any program and to change fees where applicable.
- I agree to adhere to Timpany Center pool rules, policies and procedures.

Print Name _____

Sign Name _____ Date _____

REGISTRATION CONFIRMATION (Completed by Front Desk)

Date: _____ Class Day: _____ Class Time: _____

Class Type	Pre-Registration Rate	Late Registration Rate
Group	\$18.00 per class	\$20.00 per class
Adapted or Semi-Private	\$28.00 per class	\$30.00 per class
Private	\$40.00 per class	\$42.00 per class
# of classes	x	x
Total	\$	\$

Method of Payment:

☐ Cash ☐ Check # _____ ☐ Credit Card

Initials: _____ Notes: _____

ADDED TO
ROSTER

This facility is an Approved Training Center of the Starfish Aquatics Institute, Inc.
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