



Will your child be a camper at WRNS during lessons? _____

Summer Private Swimming Lessons (1 year old and up)

Child's Name: _____ Age: _____ DOB: _____ Teacher/Grade: _____
Parent: _____ Cell: _____ Email: _____

Tuition:

\$375 per 2-week session

Class Information:

- (8) 15-minute lessons
- Lessons are held Monday - Thursday for 2 consecutive weeks.
- 1:1 student/teacher ratio.
- Previous swim experience not required.
- Students must be at least 1 years old.**
- Students 3 years and younger must wear 2 cloth swim containment briefs under their swimsuit (regardless of potty-training status).
- Students do not have to be enrolled in summer camp to participate.
- Class times are subject to pool and instructor availability.
- Placement is made on a first-come, first-serve basis.



Staff Qualifications:

Our instructors and lifeguards are all certified by the American Red Cross and have many years of experience working with children of all ages and skill levels.

Make-up Class Policy:

Classes canceled due to weather or student illness will be made up on Fridays. Client withdrawal from any session must be submitted in writing/email to the school office **two weeks prior** to the start of the enrolled session. After that date, 1. No exceptions are made 2. If due to illness a doctor's note is required for credit toward future classes. Classes missed due to vacations, field trips or clinics will not be made up. No refunds.

Please rate your child's skills in the water (Use a check mark):

- | | | |
|---|---|---|
| <input type="checkbox"/> Fearful of the water | <input type="checkbox"/> Blows Bubbles | <input type="checkbox"/> Puts face in water |
| <input type="checkbox"/> Swims facedown | <input type="checkbox"/> Treads water | <input type="checkbox"/> Side Breathes |
| <input type="checkbox"/> Floats on back | <input type="checkbox"/> Ready for advanced strokes | <input type="checkbox"/> Ready for competition skills |

Please share anything that would help your child be more comfortable in the water:

Swim Sessions (Check all that apply.)

Register now for all sessions desired. Classes fill quickly.

At least two session

- | | |
|--|---|
| <input type="checkbox"/> Session 1: May 26-29 [off 5/25] & June 1-4
<input type="checkbox"/> Session 2: June 8-11 & June 15-18 [off 6/19]
<input type="checkbox"/> Session 3: June 22-25 & June 29-July 2 [off 7/3] | <input type="checkbox"/> Session 4: July 7-10 & July 13-16 [off 7/6]
<input type="checkbox"/> Session 5: July 20-23 & July 27-30 |
|--|---|

I understand the registration information provided. My child is in good health and may participate fully in swimming classes and related activities. I understand tuition is billed through Tuition Express or Brightwheel upon confirming sessions.

I understand that if I don't comply with the WRNS policies, my child will be removed from class without refund.

Parent Signature of Consent: _____ Date _____



RELEASE OF LIABILITY



Statement of Risks and Liability: This is a statement in which you are informed of the risks of swimming. The statement also sets out the circumstances in which you participate in swimming at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, please discuss it with the *The Dallas Swim Lady/White Rock North School, Inc.* staff. If you are a minor, a parent or legal guardian must sign this form, Swimming has inherent risks, which may result in serious activity and that he/she will be exerting him/herself. In consideration of being allowed to participate in the *The Dallas Swim Lady/White Rock North School, Inc.* swim classes, the undersigned accepts full responsibility for and assumes all risks of the swim lessons, whether foreseen or unforeseen. The undersigned hereby waives any claim he/she may have against *The Dallas Swim Lady/White Rock North School, Inc.* Amy A. Adams, its staff and agents, and any other entities or persons that have an interest, directly or indirectly, in *The Dallas Swim Lady/White Rock North School, Inc.* for any injury to any participant or property arising from or related to any *The Dallas Swim Lady/White Rock North School, Inc.* activity, including minor cuts, scrapes, bruises, bumps, head injuries, drowning and dry drowning. The undersigned acknowledges that *The Dallas Swim Lady/White Rock North School, Inc.* shall not be responsible or liable to participants or guests for articles damaged, lost, or stolen while attending swim classes.

The undersigned further releases, exempts and holds harmless *The Dallas Swim Lady/White Rock North School, Inc.* from any claim or lawsuit by him/her, his/her family, estates and heirs, or assigns, that arises out of his/her participation in *The Dallas Swim Lady/White Rock North School, Inc.* swim lessons, including claims before, during or after this event. The undersigned further states that he/she/ is of lawful age and legally competent to sign this liability release, or that he/she has acquired the written consent of his/her parent or legal guardian. The undersigned understands the terms herein are contractual and not a mere recital, and signs this document of his/her own free act and with the knowledge that he/she hereby agrees to waive his/her legal rights. The undersigned further agrees if any provision of this agreement is found to be unenforceable or invalid, that provisions shall be severed from this agreement. The remainder of this agreement will then be construed as though the unenforceable provision had never been contained herein.

MEDICAL TREATMENT: The undersigned also agrees to authorize any member of *The Dallas Swim Lady/White Rock North School, Inc.* to have the participant treated in any medical emergency during their participation in the swim lessons or camp. Further, the participant and/or his parent/legal guardian agree to pay all costs associated with medical care and transportation for the participants.

DISMISSAL: *The Dallas Swim Lady/White Rock North School, Inc.* reserves the right to dismiss any participant from the program who causes disruption to the swim program.

Having read the preceding, the undersigned, for himself/herself and on behalf of his/her executors, administrator, heirs, assigns, and successors, acknowledges his/her understanding of those risks forth herein, knowingly agrees to accept full responsibility for his/her own exposure to such risk and does hereby expressly forever release and discharge *The Dallas Swim Lady/White Rock North School, Inc.* of all causes of action. In addition, the undersigned hereby agrees to indemnify *The Dallas Swim Lady/White Rock North School, Inc.* for any and all costs, liabilities, and losses arising from the undersigned's or his/her guest's injury at *The Dallas Swim Lady/White Rock North School, Inc.*

I have carefully read this form and signed it with full knowledge of its contents and significance, and have noted any medical/health problems of which *The Dallas Swim Lady/White Rock North School, Inc.* should be aware.

Signature of Parent/Legal Guardian (if student is under 18): _____ Date: _____

Student's Name (Please Print): _____

Signature of Student's Assistant (Please see Registration for details): _____



Modeling & Advertising Release



I, _____ grant *Amy Adams, "The Dallas Swim Lady" / White Rock North School, Inc.* and her advertisers to use, publish, reproduce and copyright photographs or other likenesses of me/my child, _____ for advertisement purposes. Photographs may be included in whole or in partial connection with *Amy Adams, "The Dallas Swim Lady" / White Rock North School, Inc.* advertising, such as the company's website, social and professional networks, blogs, magazine ads, news publications and brochures. I consent to all advertising and publications *Amy Adams, "The Dallas Swim Lady" / White Rock North School, Inc.* may use. I further permit *Amy Adams, "The Dallas Swim Lady" / White Rock North School, Inc.* to distort, retouch, alter, blur or create an optical illusion in pictures or video productions made herewith.

I understand that for security reasons, my name/my child's name WILL NOT be used in connection with such ads, unless my permission is given.

Signature of Consent for Minor Child/Relationship
Signature of Consent

Date



Swim Containment Briefs
03/13/2026

Parents,

Due to health & safety protocols and the risk of potty accidents, **all children 3 YEARS AND YOUNGER are required to wear TWO fabric/cloth swim containment briefs under their swimsuit for all water activities, including group & private swimming lessons, free swimming, and splash play.** I understand that disposable swim diapers are not acceptable in place of containment briefs. This policy applies to potty-trained children as well, 3 and under. If your child swims in the AM hours, please send your child to school with their swim briefs on under their swimsuit on their assigned water days.

If your child is not properly dressed for swimming/water activities and an accident occurs in the water, a \$250.00 clean-up fee will be assessed to the parents.

You can find cloth, reusable swim diapers on Amazon:

[Amazon.com: Charlie Banana Baby Easy Snaps Reusable and Washable Swim Diaper for Boys or Girls, Gone Safari, Small : Clothing, Shoes & Jewelry](#)

Thank you,
Amy A. Adams, M.Ed
President, Principal
White Rock North School
Dallas Swim Lady



Child's Name: _____

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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