

**Plymouth Creek Athletic Club  
Program Registration - Swimming Class Instruction**

Swimmer's Name(s): \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*(REQUIRED FOR FUTURE SWIM INFO)*

Address: \_\_\_\_\_  
(Street) (City) (ST) (Zip)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

<u>Swimmer's Name(s)</u>	<u>Level</u>	<u>Age</u>	<u>Day of Class</u>	<u>Time</u>	<u>Fee</u>
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \_\_\_\_\_

**Waiver of Liability**

I permit our child/children to participate in all activities and hereby release Plymouth Creek Athletic Club and all employees of any liability damages arising on the premises.

I specifically agree that Plymouth Creek Athletic Club, it's officers, employees, contractors and agents shall not be liable for any claim, demands, cause of action of any kind resulting from or relating to my child/children's use of the facilities or participation in any sport, exercise, class or activity, and I agree to hold Plymouth Creek Athletic Club harmless of same.

I understand that in the event of an emergency I give Plymouth Creek Athletic Club permission to authorize any emergency action necessary to insure the safety of our child/children. This is in no way holds Plymouth Creek Athletic Club or the Crowne Plaza Minneapolis West financially responsible or otherwise liable for any medical or emergency care given.

I am aware that there is NO lifeguard on duty. I am aware that surveillance cameras may not be monitored. The undersigned, (individual, parent or guardian, and minor) acknowledges that she/he is signing this agreement on behalf of (themselves, or a minor) and that the (individual or minor) shall be bound by the terms of this waiver of liability/agreement.

**I HAVE READ AND UNDERSTOOD THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT.  
I VOLUNTARILY AGREE TO ITS TERMS.**

*All lessons are pre-paid.*

*Cancellations made with less than 2 hours of lesson time will not be rescheduled and the lesson is forfeited.*

*Plymouth Creek Athletic Club reserves the right to modify or cancel lesson times if needed.*

Swimmer's Name(s): \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

DATE: \_\_\_\_\_

*SIGNATURE OF SWIMMER or Parent/Legal Guardian (If Swimmer is under 18)*



PLYMOUTH CREEK

# ATHLETIC CLUB

3131 Campus Drive  
Plymouth, MN 55441  
(763) 559-6286  
www.PlymouthCreekAthleticClub.com

## EFT/CC Authorization Form

I, \_\_\_\_\_ authorize eFit Financial to debit my payment by the method indicated below and post it to my account as: *eFit Financial (Health Club Charge)*. I understand that a \$30.00 charge will be assessed for all returned items.

\_\_\_\_\_ I elect to pay my membership dues by automatic Electronic Funds Transfer (EFT) or Credit Card.  
Initial

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

**EFT** (Must attach voided check to remain with file)

**Credit Card**

**Visa**

**Master Card**

**American Express**

**Discover**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV # (3 digit code located on back): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

*This form of payment, if discontinued, does not release you from your payment obligation or membership contract.*

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**ATTACH VOIDED CHECK HERE**