

CRFC Aquatics 2026 Registration Form



Guardian Information

1. Name			
First Name		Middle Initial	
Last Name			

2. Home Address			
House Number		Street	
City		State	Zip Code

3. Contact Information	
E-mail	
Phone Number	

I consent to receive email/SMS communications

Swimmer Information

1. Name			
First Name		Middle Initial	
Last Name			
2. Date of Birth			
Month		Day	Year

1. Name			
First Name		Middle Initial	
Last Name			
2. Date of Birth			
Month		Day	Year

1. Name			
First Name		Middle Initial	
Last Name			
2. Date of Birth			
Month		Day	Year

1. Name			
First Name		Middle Initial	
Last Name			
2. Date of Birth			
Month		Day	Year

Payment Information

An account will be created for you and a valid payment card must be linked to your account to pay for participation in the swim program.

Payment can be made over the phone at 817-922-1140, a payment card can be presented to the front desk, or you can have a secure link emailed or texted to you.

<input type="checkbox"/>	I would like to receive a call for payment information.
<input type="checkbox"/>	I would like to receive a secure payment link via email and/or text message.
<input type="checkbox"/>	I will bring a valid payment card to the front desk.

Class Selection

Private Lessons

Private and semi-private lessons are available at various times depending on instructor availability.

<input type="checkbox"/>	I am interested in private, semi-private, or small group swim classes
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Fish Factory

School Year Sessions

Class sessions are held on Mondays and Wednesdays or Tuesdays and Thursdays for 4 weeks with multiple class times available.

Monday and Wednesday

- 3:30 - 4:00 pm
- 4:00 - 4:30 pm
- 4:30 - 5:00 pm
- 5:00 - 5:30 pm

Tuesday and Thursday

- 4:00 - 4:30 pm
- 4:30 - 5:00 pm

- Session 1: January 5 - January 29
- Session 2: February 2 - February 26
- Session 3: March 2 - March 26
- Session 4: March 30 - April 23
- Session 5: April 27 - May 21
- Session 6: August 3 - August 27
- Session 7*: September 14 - October 7
- Session 8*: October 12 - November 4

**Sessions 7 and 8 are only available for the Monday and Wednesday time slots*

Fish Factory

Summer Sessions

Monday through Thursday for 2 weeks

- 3:30 - 4:00 pm 4:00 - 4:30 pm
- 4:30 - 5:00 pm 5:00 - 5:30 pm
- Session 1: June 2 - June 12
- Session 2: June 16 - June 26
- Session 3: July 7 - July 17
- Session 4: July 21 - July 31

Note that some of the classes differ from their normal routine in observance of national holidays.

Baby Bears

9 am Sessions

Class sessions are held on Saturdays for 4 weeks.

Saturday Morning

9:00am-9:45am

- Session 1: January 10, 17, 24, 31
- Session 2: February 7, 14, 21, 28
- Session 3: March 7, 14, 21, 28
- Session 4: April 4, 11, 18, 25
- Session 5: May 2, 9, 16, 23
- Session 6: June 6, 13, 20, 27
- Session 7: July 11, 18, 25, August 1
- Session 8: August 8, 15, 22, 29
- Session 9: September 5, 12, 19, 26
- Session 10: October 3, 10, 17, 24

Baby Bears

10 am Sessions

Class sessions are held on Saturdays for 4 weeks.

Saturday Morning

10:00am-10:45am

- Session 1: March 7, 14, 21, 28
 - Session 2: April 4, 11, 18, 25
 - Session 3: May 2, 9, 16, 23
 - Session 4: June 6, 13, 20, 27
 - Session 5: July 11, 18, 25, August 1
 - Session 6: August 8, 15, 22, 29
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RELEASE AND WAIVER OF LIABILITY

The Carter Rehabilitation and Fitness Center, and its affiliate Baylor All Saints Medical Center (collectively, the “Center”) promote, organize, and sponsor fitness activities; however, the Center does not assume any responsibility or undertake any duty of care for the health and safety of any participants.

I, _____
(Print your name here)

have registered voluntarily to engage in exercise and fitness activities, use exercise equipment, and/or use other facilities, available at the Center (the “Fitness Activity”).

I understand that this Fitness Activity, which is unsupervised, involves strenuous physical exertion and will require sound judgement at all times during my participation. I understand that by participating, I am at risk to suffer serious physical injury and possibly death. I understand and agree that I, alone, am responsible to determine my physical and mental fitness and my suitability to participate. I acknowledge that the Center will not attempt to determine, nor will I hold the Center liable to determine my physical and mental fitness, suitability, or capability to participate either before I begin participation or at the time during my participation in the Fitness Activity.

I understand and agree that if I, alone, chose to waive the compulsory fitness evaluation and/or physician medical certification required of participants at the Center I am responsible for my decision and will not attempt to hold the Center liable for any physical injury or death arising out of, or relating to, my participation in, or during travel related to, this Fitness Activity.

In consideration for the work performed by the Center in promoting and organizing this Fitness Activity, from which I receive value and benefit, I assume all risks of injury or death related to participation. I further release the Center and all of its affiliated entities, and I waive any claim that I might make against the Center and its affiliate entities, for any physical injury or death arising out of, or relating to, my participation in, or during travel related to, this Fitness Activity.

I understand and agree that the effect of signing this Release and Waiver of Liability is to give up all of my legal rights to file any lawsuit or to recover any money damages against the Center and its affiliated entities for any claim relating to the Fitness Activity including any claim for negligence by the Center or negligence by any employee of the Center.

Because participation in the Fitness Activity is voluntary, I have agreed to sign this Release and Waiver of Liability. I have been given the opportunity to read carefully all of the terms of this Release and Waiver of Liability and I understand fully the legal consequences of signing it.

I understand I will not be allowed to participate in the Fitness Activity unless I sign this Release and Waiver of Liability. I agree to this because I choose to participate in the Fitness Activity at my own risk, knowing that I have no legal right to seek recovery of damages or otherwise to make any claim against the Center for any harm or injury, including death that I may suffer as a result of my participation.

Signature

Date

I, _____, hereby enroll myself in the _____ program. I waive all claims against the BTLFC, the Baylor Health Care System and any of its affiliates, including all employees of each entity. I have no current health problems that would prevent me from participating fully in this program. I hereby give consent to be medically treated for injury or illness if the need arises while I am attending class.

Signature (Parent's if minor): _____

PROGRAM INFORMATION AND POLICIES

Welcome to the *Carter Rehab & Fitness Center* private swim lessons! We are delighted that you chose us as a part of your commitment to health and fitness. Our skilled professionals are ready to provide you with the necessary information and motivation to help you reach and maintain your personal fitness and swim goals.

The following information will provide you with important program policies. Before getting started, please read and sign this form so that we can be sure that you have been provided with and understand this information.

❖ **PAYMENT**

Payment for sessions must be made *in advance* of meeting with your swim coach. Before each session, please check in at the Front Desk and advise the Front Desk that you have a private swim lesson with your swim coach. The Front Desk will print out a session ticket that must be given to the swim coach before beginning your session.

❖ **EXPIRATION DATE**

All *Carter Rehab & Fitness Center* personal swim coaching sessions have an expiration date of 6-months from the date of purchase. After the expiration date, any remaining sessions will be invalid.

❖ **CANCELLATIONS**

In order to cancel or reschedule an appointment, you must contact your coach *at least 24 hours in advance* of the scheduled appointment or you will be charged for that session. Similarly, if a swim coach does not contact you at least 24 hours in advance to cancel or reschedule an appointment, you will receive a *complimentary* session. (NOTE: any exception to this policy will be made purely at the discretion of the swim coach.)

❖ **TARDINESS**

All clients and swim coaches are encouraged to be prompt. If a client arrives late, this time will be deducted from the session; contrarily, if a coach arrives late, the amount of time will be *added* for an extended session. Please be advised that swim coaches are required to wait 15 minutes for a scheduled client, after which time the session is subject to cancellation and clients will be charged for a full session. (NOTE: any exception to this policy will be made purely at the discretion of the swim coach.)

❖ **REFUNDS, CREDITS, AND DISCOUNTS**

Carter Rehab & Fitness Center offers a 90-day refund policy. Beyond this time period, refunds will not be allowed. Discounts are not offered for Personal Swim Coaching Services. Please be sure that our services will match your needs *before* committing through payment

I have read and will comply with the above information.

Name (please print)

Signature

Date