

# SWIMMING LESSONS 2025

Most Sessions consist of **8 hours**; for **1 hr/day for 4 days/wk for 2 weeks, Mon. – Thurs.** This year a 1-week Session of 4 hours will be offered. (Friday is used as make-up day if we need to cancel because of weather). A **maximum of 6** students per session allowed.

**Address of Pool: 207 Aucoin Drive, New Iberia**

**NOTE:** For those attending NHG summer camp, transportation to/from swimming will be limited to **2 riders/session** and will have an **extra fee of \$20/week (\$5/day)**. **Legal certified car seats must be furnished by parent.** Transportation will be on a first come, first serve basis.

Cost: **\$110 per child per 2-wk session or \$60 per child for the 1-wk session.**  
Full Payment due at registration. **NO REFUNDS or Make-Up Days for missed days!!**

Swimming Lessons will be offered during the following sessions:

- Session 1 (2weeks \$110):** June 9 - 12 & June 16 - 19 at 9:30 – 10:30 AM
- Session 2 (2weeks \$110):** June 9 - 12 & June 16 – 19 at 1:00 – 2:00 PM
- Session 3 (1 week \$60):** June 23 - 26 at 9:30 – 10:30 AM
- Session 4 (1 week \$60):** June 23 - 26 at 1:00 – 2:00 PM
- Session 5 (2weeks \$110):** July 7 – 10 & July 14 – 17 at 9:30 – 10:30 AM
- Session 6 (2weeks \$110):** July 7 – 10 & July 14 – 17 at 1:00 – 2:00 PM

To register, complete the form below listing 2 session preference options, swim experience, and signed waiver. I group students by ability, age, and session choices. You will receive a text the month before to confirm session date / time. The weekend before you will receive a text with reminder of times, parking instructions, and what to bring to class.

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Student's Name: \_\_\_\_\_ NHG Transportation? \_\_\_\_\_

Session (1<sup>st</sup> Choice): \_\_\_\_\_ Session (2<sup>nd</sup> Choice): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ # Yrs. Of Swimming Lessons: \_\_\_\_\_ **Afraid of Water?** \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

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Payment Type: Check / Cash / Venmo Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

# SWIMMING LESSONS / TRANSPORTATION WAIVER OF RESPONSIBILITY AND MEDICAL RELEASE

In consideration of being allowed in the swimming pool owned by Mr. & Mrs. Shane LeLeux, I agree to abide by the rules. SWIMMING, JUMPING AND DIVING ARE POTENTIALLY DANGEROUS SPORTS AND CAN LEAD TO INJURY. I understand that Mr. & Mrs. Shane LeLeux and New Heights Gym have an obligation to make the students and parents aware of the risks and hazards associated with the sports of swimming, jumping, and diving. I understand that as a parent, I am also responsible in making my child aware of the possibility of injury and to encourage my child to follow all safety rules. I assume full responsibility for my own safety and the safety of my child, understanding and accepting the risks involved with the sport and activities of swimming. I agree not to bring any claim or suit against Mr. & Mrs. Shane LeLeux and New Heights Gym owners, instructors, staff, guests, students, or any other parties on my behalf or on behalf of my child for any injury or harm sustained by any event short of criminal act, and then only the criminal shall be the subject of that claim or suit. I further agree that I will not cause to be brought, nor encourage a claim or suit. I also agree not to cooperate in the bringing of such a suit or claim, except insofar as I may be legally required to do so. Finally, I shall indemnify Mr. & Mrs. Shane LeLeux and New Heights Gym owners, instructors, staff, guests, students, and any / all additional defendants covered by this agreement for all judgments, costs, attorney fees, and other expenses incurred as a result of a breach of this agreement. Mr. & Mrs. Shane LeLeux and New Heights Gym owners, instructors, staff members will not accept responsibility for injuries sustained by a student during instruction or while traveling to or from the event. With the above in mind and being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the swimming activities or programs offered by Bridget LeLeux. I waive and release all rights and claims for damages that my child or I may have against Mr. & Mrs. Shane LeLeux, New Heights Gym, LLC or its representatives.

I, the undersigned, give my consent for the person identified below to be transported by Bridget LeLeux, owner of New Heights Gym, and I will assume all liability for their participation in this activity/event and any injury that may result during the transport or at the event/ activity. Further, by signing below: 1. I will not hold New Heights Gym, its officers, agents, employees, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel. 2. I hereby accept financial responsibility for personal items lost by the person identified herein. 3. I accept full responsibility and hereby grant permission for my minor child to travel with Bridget LeLeux, owner of New Heights Gym, to and from swimming lessons at the home of Mr. & Mrs. Shane LeLeux.

**Transportation Safety:** All children transported by Bridget LeLeux from New Heights Gym must adhere to safety rules. Children must remain seated, wear a seatbelt, sit fastened in a certified, legal car seat provided by parents, and follow the staff's directions at all times. Any violation of this transportation policy may result in restriction of your child riding in the vehicle. Due to the seriousness of our safety concerns, we will notify parents immediately of any discipline problems that occur in our vehicles. Parents are to provide their own certified, legal car seat for their child to be used by Bridget LeLeux during transportation.

I understand that New Heights Gym, LLC staff members are not physicians or medical practitioners of any kind. I, the undersigned, give the instructors, staff and responsible adults the power to authorize medical or other treatment of the student named below. I understand that the instructors, senior students, or others may have some skills in first aid, CPR, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstances in which they judge their skills would be necessary or helpful. I hereby release New Heights Gym, LLC staff to render first aid to my child in the event of injury or illness, and if deemed necessary by New Heights Gym, LLC staff, the calling of an ambulance for the said child.

Parent's Signature: \_\_\_\_\_ Parent's Name Printed: \_\_\_\_\_

Student's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_