



## **2015 Perpetual Membership**

Our membership offers you an initial 4 lessons based on a once a week schedule. Following your initial 4 lessons, your billing will be placed on “as scheduled” on a month-to-month basis. Billing will reflect holiday closures.

### **Rates**

Private Membership \$250 (\$50 per class + \$50 non-refundable enrollment fee)

### **Billing**

After your initial 4 classes, you will be billed on a monthly basis for all classes scheduled within that month. I.e. if you schedule 2 classes between April 15th and May 14th you will be billed \$100.00.

**Billing is based on enrollment, NOT attendance.**

### **Withdrawal Policy**

Clients who wish to discontinue lessons must complete a Class Withdrawal Form. If we receive a withdrawal form prior to the 15th of the month you will finish your current months of lessons. If we receive the form after the 15th of the month, you would already have been billed for the following month and will be enrolled in that class till the end of that billing cycle. Please contact us with any medical or other emergencies which necessitates you forfeiting your space in class.

### **Make Up Policy**

24 hour notice MUST be given to receive a make-up or credit for the class. Make-ups are scheduled upon instructor availability. If no options provided are attendable you will receive a credit for the missed class, to be added to the following billing cycle.

If 24 hour notice is not given, we cannot accommodate a make-up or apply a credit to your account. You cannot make-up a missed class more than twice.

If a make-up is scheduled you cannot receive credit.

If you know you are going to miss a class you can call 504-891-4662 and leave a detailed message or e-mail us at loveswimmingnola@gmail.com.

**Past Due or Declined Payments**

Clients with Past Due payments or Declined cards will be notified via email. A warning will be issued if balance stands for 1 Week. After the second week of past due payment clients will be dropped from enrollment.

I acknowledge that I have read and understand all terms and policies in effect for the 2015 Membership.

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

Printed Full Name \_\_\_\_\_

How did you hear about us? \_\_\_\_\_