

Indoor Summer Swim Lessons

Tuesday & Thursday Evenings

Session #. Dates (Registration Dates)

- June 4-27 (May 17, 5am - Deadline June 1)
- July 9- Aug 1 (June 21, 5am - Deadline July 6)

4:00-4:30	4:35-5:05	5:10-5:40	5:45-6:15	6:20-6:50
All Levels	All Levels	All Levels	All Levels	All Levels, Guppies
		Guppies	Adult Beginning 5:45-6:20	Adult Intermediate 6:25-7:00

Guppies; Ages: 6 months - 4 Years
 Cost: \$38/\$45 (Resident/Non-Resident)
 Includes 8 lessons, 30 min each

All Levels; Ages: 3 - 16 Years
 Cost: \$38/\$45 (Resident/Non-Resident)
 Includes 8 lessons, 30 min each

Adults; Ages: 16+ Years
 Cost: \$45/\$52 (Resident/Non-Resident)
 Includes 8 lessons, 35 min each

Monday-Thursday Mornings

Session # Dates (Registration Dates)

- June 17-27 (May 13, 5am - Deadline June 14)
- July 8-18 (June 21, 5am - Deadline July 5)
- July 22-Aug 1** (July 12, 5am - Deadline July 19)
- Aug 5- 15 (July 26, 5am - Deadline Aug 2)

11:10-11:40 AM	11:45 AM-12:15 PM
All Levels	All Levels
Guppies	Adult 11:45-12:20

** Due to the 24th of July Holiday there will be no class Wednesday July 24th, Makeups will be Friday July 26th

Saturday Mornings

Session # Dates (Registration Dates)

- A June 15-August 3**
 (May 20, 5am - Deadline June 12)

9:00-9:30	9:35-10:05	10:10-10:40	10:45-11:15	11:20-11:50
All Levels	All Levels	All Levels	All Levels	All Levels
	Guppies	Guppies	Adult Beginning 10:45-11:20	Adult Intermediate 11:25-12:00

Participant's Name _____

Age _____ Male or Female Birthdate _____ Grade _____ School _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Phone _____ E-mail _____

Emergency Contact _____ Relation _____ Phone Number _____

Has participant taken Swim Lessons before? No ___ Yes ___ Last Level Completed _____

Level: _____ Session: _____ Time: _____ Preferred Instructor: _____

Does the participant have any limitations? No/Yes If yes, please explain: _____

LIABILITY RELEASE AND PERMISSION TO PARTICIPATE

In consideration of the acceptance of my application for the above activity, I hereby waive, release, and discharge any and all claims for damages, for death, personal injury, or property damage which I, as the participant, (or my child) may have, or which may hereafter accrue as a result of participation in said event. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I have read and understood the foregoing registration, and agree to all of their terms and conditions. ***NO make-up lessons for missed classes. Registrations will NOT be accepted after the deadline. Refunds will NOT be given after 1st day of class. If my child has any special needs or limitations I will let the Park Center know before the first day of class.***

 Signature of Parent/Guardian

____/____/2019
 Date



Office Use Only

Paid \$ _____
 CASH CHECK VISA
 DISC AMEX MC
 Date: _____ Staff: _____