

Spring Swim Lessons

Tuesday & Thursday Evenings

Session # Dates (Registration Dates)

1. **April 2-25 (March 15, 5am - Deadline March 30)**
2. **April 30- May 23 (Apr 19, 5am - Deadline Apr 27)**

4:00- 4:30pm	4:35- 5:05pm	5:10- 5:40pm	5:45- 6:15pm	6:20- 6:50pm
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 (Res/Non-Res)

Includes 8 lessons, 30 min each

All Levels;

Ages: 3 - 16 Years

Cost: \$38/\$45 (Res/Non-Res)

Includes 8 lessons, 30 min each

Adults;

Ages: 16+ Years

Cost: \$45/\$52 (Res/Non-Res)

Includes 8 lessons, 35 min each

Saturday Mornings

Session # Dates (Registration Dates)

- A April 6—May 25**
(March 4, 5am - Deadline April 3)

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

Participant's Name _____

Age _____ Birthdate _____ Male/Female 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: _____