



# Swim Lesson Registration Form 2017

Parent or Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ eMail: \_\_\_\_\_

Session: \_\_\_\_\_ Preferred Time: \_\_\_\_\_

Child: \_\_\_\_\_  
Last First Sex Birthdate Level\*

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Child: \_\_\_\_\_  
Last First Sex Birthdate Level\*

\*Please see next page for descriptions of Swim Levels to determine appropriate level for your child.

Cost: \$100.00 per members and \$125.00 for non-members.

A refund will be given for cancellations made within 2 weeks of a scheduled lesson.

Only one makeup lesson allowed per session.

Private Lessons can be scheduled as available - \$40 for members and \$50 for non-members per half hour session. Please call for availability.

Session 1: June 5 – 8 & June 12 - 15  
Session 2: June 19 – 22 & June 26 – June 29  
Session 3: July 3, 5 -7 & July 10 - 13  
Session 4: July 17 – 20 & July 24 – 27  
Session 5: July 31 – Aug 3 & Aug 7 – 10  
Session 6: Aug 14 – 17 & Aug 21 - 24

Time: 10:30 am – 11:00 am  
11:00 am – 11:30 am  
11:30 am – 12:00 pm  
6:00 pm – 6:30 pm Level 1 only  
6:30 pm – 7:00 pm Level 1 only  
7:00 pm – 7:30 pm Level 2 only

**Office use only:**

Class \_\_\_\_\_  
Instructor \_\_\_\_\_

Amt. Paid \_\_\_\_\_  
Check or Cash \_\_\_\_\_

# Swim Lesson Levels

## **Level 1: Beginner - Minnows**

Students will be introduced to water exploration in a group participation environment.

- Hold their breath
- Place their face in the water
- Blow bubbles underwater
- Bob in the water
- Retrieve objects from underwater
- Stomach and back floats
- Stomach float with kick
- Basic survival skills

## **Level 2: Advanced Beginner**

Students will review and master what they have learned in Level 1 in addition to an introduction to more advanced techniques.

- Retrieve objects from waist deep water
- Add a kick to their already mastered back float
- Roll from stomach to back and back to stomach
- Push and glide
- Sitting dive
- Underwater swimming skills
- Basic forward crawl stroke
- 1-2 bubbles breath technique
- Basic safety skills

## **Level 3: Intermediate**

Children will review and master what they have learned in Level 2 in addition to an introduction to more advanced techniques.

- Retrieve objects from a 4 ft. depth
- Standing dive
- Surface dive
- Extended underwater distance
- Introduction to racing strokes; freestyle and back stroke
- Touch turn technique
- Safety skills

## **Level 4: Advanced**

Children will review and master what they have learned in Level 3 in addition to an introduction to more advanced techniques.

- Retrieve objects from a 9 ft. depth
- Racing dive
- Stroke technique: freestyle, back stroke, butterfly, breast stroke
- Flip turn technique
- Safety/Survival skills



Waiver/Release of Liability

*PLEASE READ CAREFULLY BEFORE SIGNING.*

*THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS*

I, \_\_\_\_\_, the parent/guardian of the participant(s) listed below agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death.

The participant hereby agrees to participate in swimming activities at Los Paseos Association and hereby agrees to indemnify and hold harmless Los Paseos Association, the management, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating. The participant also agrees to indemnify the Los Paseos Association for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of the Los Paseos Association to have the participant treated in any medical emergency during their participation at the Los Paseos Association swim lesson program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, the undersigned Parent/Guardian of the participants listed below, hereby grants authorization to the Los Paseos Association and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the participants named below. Each of the undersigned also agrees that neither the Los Paseos Association nor any of its representatives, shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency.

*I HAVE CAREFULLY READ THE ABOVE INFORMATION AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.*

Participant name (please print) \_\_\_\_\_

Please list any medical history (allergies, learning disabilities, etc.) that we should be aware of in working with this child:

\_\_\_\_\_

Participant name (please print) \_\_\_\_\_

Please list any medical history (allergies, learning disabilities, etc.) that we should be aware of in working with this child:

\_\_\_\_\_

Participant name (please print) \_\_\_\_\_

Please list any medical history (allergies, learning disabilities, etc.) that we should be aware of in working with this child:

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_