

# 2019 Swim Lessons Registration Form

## Wray Aquatic Center

240 W. 6th – P.O. Box 35 Wray, CO 80758 • Phone: (970)332-5345

\*\*\* Please Note: No Private Lessons will be taught. \*\*\*

\*These classes are for children 4 years & older. Age is flexible depending on child's ability & parent's comfort level.\*

\*Children will be divided in smaller groups as needed according to numbers and/or skill level.\*

\*Your child may be moved to a different level based on the instructor's evaluation of his/her skills.\*

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Emergency Contact Name & Phone Number (other than parent/guardian listed above): \_\_\_\_\_

Medical Information: Does your child have any medical conditions that would affect his/her participation in swim lessons? If so, what are those conditions and, if they occur, how should the pool staff react? \_\_\_\_\_

**All sessions will run for ONE hour, Monday - Friday, for ONE week.**

### Session One: June 17-21 (M-F)

\_\_\_\_\_ 9:00 a.m.- 9:50 a.m. (Levels 1-5 only)

\_\_\_\_\_ 10:00 a.m. - 10:50 a.m.

\_\_\_\_\_ 11:00 a.m. - 11:50 a.m.

### Session Two: July 8-12 (M-F)

\_\_\_\_\_ 9:00 a.m.- 9:50 a.m.

\_\_\_\_\_ 10:00 a.m. - 10:50 a.m.

\_\_\_\_\_ 11:00 a.m. - 11:50 a.m.

### **Please Select a Skill Level (according to prior swim lessons):**

(If your child participated last year, we have a sheet to let you know what level he/she is in)

\_\_\_\_\_ Level 1 Water Exploration

\_\_\_\_\_ Level 2 Primary Skills

\_\_\_\_\_ Level 3 Stroke Readiness

\_\_\_\_\_ Level 4 Stroke Development

\_\_\_\_\_ Level 5 Stroke Refinement

\_\_\_\_\_ Level 6 Skill Proficiency (Not offered Session 1, 9-9:50 a.m.)

**Cost: \$25.00 (per session/per student)**

**Payable to: City of Wray**

I hereby give my permission for the above named to participate in the swim program with the Wray Aquatic Center, City of Wray. I understand that we are doing so under our own risk and hereby release and forever discharge the City of Wray, its employees, officers, and agents from any injuries or damages arising from participating in this program. I have read and understand this statement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Initials of Employee: \_\_\_\_\_  
Accepting Payment