

2023 SUMMER GROUP SWIM LESSONS

LESSON REQUIREMENTS:

- Ages 3-12
- Must be 3 by the 1st day of lessons, and must be potty trained.

LESSON INFORMATION:

- Ratio of 5 students per instructor with a Lifeguard on deck.
- Instructors are American Red Cross Lifeguard certified.
- Swimmers must provide their own proper swim attire and goggles (if needed).
- All sessions are M-TH for 2 consecutive weeks, unless there is a holiday and it is specified.
- 8 classes total/45 minutes for 1st 7 classes & 30 minutes for last class.
- Parents/Family, etc. are NOT allowed on pool deck or around windows or doors during your child's class.
- The last class of the session you will be able to watch your child's lesson from the Observation Deck.
- Drop-off & Pick-up will be at the Pool side door, next to front doors.
- The Instructors will let your child in at drop-off and will make sure you are there (outside of door) for pick-up.
- There will be no waiting on the pool deck before or after class.
- *DOWNLOAD THE "REMIND" APP/CLASS: @PARDSAQ, TO COMMUNICATE WITH INSTRUCTORS & STAY UP TO DATE WITH INFO/ANNOUNCEMENTS.

SESSION 1:

May 30th-June 8th*

*Tuesday-Friday for the 1st week,
Monday-Thursday for the 2nd week, due to Memorial Day.

CLASS TIMES:

10:00AM-10:45AM 11:00AM-11:45AM
6:10PM-6:55PM 7:05PM-7:50PM

FEES:

Member FEE: \$65.00
Non-member FEE: \$95.00

CC*, check or money order ONLY. **NO CASH.**
*A 3% Fee will be added for CC.

SWIMMER INFO:

LAST:	FIRST:	AGE:	GENDER:
			M OR F

PARENT/GUARDIAN INFO:

LAST:	FIRST:	CONTACT #:

EMAIL ADDRESS:

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EMERGENCY CONTACT NAME:	EMERGENCY CONTACT #:	RELATIONSHIP:

ANY EXTRA INFO INSTRUCTOR NEEDS TO KNOW ABOUT YOUR SWIMMER: (MEDICAL, ETC.)

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CLASS TIME: 10:00AM 11:00AM 6:10PM 7:05PM
(PLEASE CIRCLE ONE)

LEVEL: PRE-K 1 PRE-K 2 LEVEL 1 LEVEL 2 LEVEL 3 LEVEL 4

(PLEASE CIRCLE ONE) Level descriptions on back. Choose one to your best ability. The instructors will evaluate your swimmer on the first day of class to ensure they are in the correct level.

In case of an emergency, I authorize PARDS FAC STAFF to administer first aid to the swimmer named above. I agree not to hold PARDS FAC liable if my child is injured while participating in swim activities.

Parent signature: _____ Date: _____

NSF Fee of \$25.00 will be charged for all returned checks. Initials: _____

OFFICE USE ONLY:

Initials: _____ Account #: _____

Date: _____ Amount: _____

Paid by: _____

Check #: _____ CC: _____