



FLORENCE FAMILY AQUATIC CENTER 2017 SWIM LESSON REGISTRATION FORM

Class Info: Group lessons are for children ages three (3) and up and scheduled with three (3) to six (6) students per class. Register for each session by the **Wednesday** before the session begins. Classes are **now one week for 30 minutes** Mondays through Thursdays allowing Friday for make-up days. **Make-up days are scheduled when lessons are cancelled by pool management staff ONLY.** Adults interested in swim lessons or for private lessons please see Aquatic Center Manager. For children not use to water we offer Parent/Child swim lessons.

Lesson Dates: (Check here)

Session #1 June 5 – June 8 _____	Session #5 July 10 – July 14 _____
Session #2 June 12 – June 15 _____	Session #6 July 17 - July 20 _____
Session #3 June 19 – June 22 _____	Session #7 July 24 – July 27 _____
Session #4 June 26 – June 29 _____	Session #8 July 31 – Aug. 3 _____



SKILL LEVELS: Level 1 Flounder–Water Exploration; Level 2 Jellyfish–Primary Skills; Level 3 Octopus -Stroke Readiness, Level 4 Clownfish-Stroke Development and Level 5 Seahorse-Stroke Refinement.

Lesson Times:

Day Classes:

9:00 - 9:30 am _____
 9:35 - 10:05 am _____
 10:10 - 10:40 am _____

Evening Classes:

7:10 - 7:40 pm _____
 7:45 - 8:15 pm _____

NO REFUNDS PROVIDED!

FEE: Member \$20 Non-Member \$30 Private Lessons \$25/Half Hour/Lesson

Name _____ Male___ Female___ Age___ Birthdate_____

Name _____ Male___ Female___ Age___ Birthdate_____

Name _____ Male___ Female___ Age___ Birthdate_____

Parent/Guardian Name/s _____

Address _____ Phone _____

City _____ State _____ Zip _____

Emergency Contact _____ Phone _____



I/we participate in the City of Florence's Family Aquatic Center Swim Lesson program at my /our own risk and recognize there are risks involved including physical injuries and will pay all medical expenses incurred and agree to indemnify and hold harmless the City of Florence, its elected officials, employees, the instructors, fellow participants and others affiliated with the program from any and all liabilities, claims, demands, actions or causes of actions resulting from physical injuries out of my/our participation. I have read and understand the nature of this waiver.

Signature _____ Date _____

OFFICE USE: Payment: Cash Amt. _____ Check# _____ Amt. _____ Date _____

Credit Card: MC _____ VISA _____ AE _____ DISC _____ Card # _____

Exp. Date _____ CVV Code _____ Card Signature _____