



FLORENCE FAMILY AQUATIC CENTER 2016 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 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:

Session #1 June 6 – June 16, 2016

Session #2 June 20 – June 30, 2016

Session #3 July 11 – July 21, 2016

Session #4 July 25 – Aug. 4, 2016

(Check here) _____

**NO REFUNDS
PROVIDED!**



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 _____

FEE: Member \$40 Non-Member \$60 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 _____