Swim Lessons Registration Form

Swimmer Information

Name: _____ Age: _____ Phone: _____

Birthday: _____ Email: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Township: _____

Regisration taken by (employee name): _____

	Session	Dates	Program/Times	Price
Mondays	Session 1	September 8, 15, 22, 29	**Mommy and Me** 5:15-5:45pm **Levels 1, 2, 3** 6-6:45pm	**$60** *$50 Community Partner*
	Session 2	October 6, 13, 20, 27		
	Session 3	November 3, 10, 17, 24		
	Session 4	December 1, 8, 15, 22		
Saturdays	Session 1	Sept 3 (Wed Night), 13, 20, 27	**Mommy and Me** 10-10:30am **Levels 1, 2, 3** 10:45-11:30am	**$60** *$50 Community Partner*
	Session 2	October 4, 11, 18, 25		
	Session 3	November 1, 8, 15, 22		
	Session 4	December 6, 13, 20, 27		

Received by: _____




Please read and initial besides each statement and sign name at the bottom.

If you wish to cancel before your first scheduled course date, a full refund will be given.

_____ If you signed up for a program, and it is determined by the Swim Lessons Coordinator, Aquatics Director, Supervisor, or Swim Coach that a different program would better fit the swimmer's needs, a credit towards that program will be given

_____ If you need to change a class date due to a conflict/illness, please email Amy, the Swim Lessons Coordinator, at marcaquatics4fun@gmail.com by the start time of your previously scheduled class. You can choose a different date to add to your schedule at a later time. The MARC reserves the right to cancel and/or change any dates, prices, times of classes, programs, and public sessions.

_____ Please note that all refunds and credits must be cleared with the Executive Director before the refund is given to the customer.

_____ Having read the rules and conditions, I hereby give consent for my child or self to participate in the above program sponsored by the MARC. I furthermore release the Meadville Area Recreation Authority, staff, and all concerned from all liability for any injuries I may incur resulting from participating in this program.

Signature of Parent/Guardian _____ **Date** _____

Lower Levels		
Level 1	Let's Get Wet!	Comfortable Getting Face Wet, Retrieves Underwater Objects, Swims with Noodle, Perform Skills with Assistance
Level 2	Let's Build Confidence!	Jumping Entries, Independent Front & Back Floats, Independent Front & Back Glides, Big Arms (no doggy paddle!)
Upper Levels		
Level 3	Let's Be Brave!	Learning Side Breathing, Learning Backstroke, Balance Kicking, Become Comfortable in Deep Water, Learning to Tread
Level 4	Let's Go Further	Swimming 25 yds Back & Free, Learning Elementary Backstroke, Practicing Sitting & Kneeling Dives, Treading Independently (30 sec)