

WASHINGTON BOROUGH RECREATION DEPARTMENT

100 Belvidere Avenue, Washington, NJ 07882 (908) 689-3600 ex 136 www.washingtonboro-nj.gov/recreation

2017 SWIMMING LESSON REGISTRATION

Indicate your first and second time preference under the Session date.

Session 1: Mon, July 3rd – July 14th Mon-Sat* (registration deadline June 23rd)

*Due to 4th of July holiday the Tuesday 7/4 class will be held on Saturday July 8

___ 9:30-10:00 am ___ 10:05 – 10:35 am ___ 10:40 – 11:10 am

Session 2: July 17th – July 28th Mon-Fri (registration deadline July 7th)

___ 9:30-10:00 am ___ 10:05 – 10:35 am ___ 10:40 – 11:10 am

Session 3: July 31st – Aug 11th Mon-Fri (registration deadline July 21st)

___ 9:30-10:00 am ___ 10:05 – 10:35 am ___ 10:40 – 11:10 am

___ 7:00 – 7:30 pm

Registration Fee per child per session - Make checks payable to Borough of Washington

\$65.00 Group Lessons – 1 instructor and up to 5 children at the same skill level
Children must be 42 inches minimum height to keep their head above water.

\$75.00 Semi-Private Lessons – 1 instructor and 2 children at the same skill level

\$85.00 Private Lessons – 1 instructor and 1 child. **Available by appointment only 4 – 8 pm Mon – Fri (4 – 7 pm in Session 3)** during the above Session dates. Space is limited. Please write the Session # and your requested time(s) on the line below.

You must notify the pool office 24 hours in advance of any expected changes to your private lesson schedule. If you are more than 15 minutes late to your scheduled appointment we cannot guarantee the instructor's availability and a makeup lesson will not be available.

Enrollment in any time slot for any Session may be limited at the Recreation Department's discretion

Registration Information – Please print clearly

Parent/Guardian Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____ Cell Phone _____

Office Use Only << Fee paid \$ _____ Check #/Cash _____ Received by _____ Date _____

Child's Name _____ Age _____

Has this child had previous lessons? Yes No

Rate this child's current swimming skills Weak Good Strong

Circle the appropriate skill level based on the descriptions below

Mommy & Me Level 1 Level 2 Level 3 Level 4 Level 5

Child's Name _____ Age _____

Has this child had previous lessons? Yes No

Rate this child's current swimming skills Weak Good Strong

Circle the appropriate skill level based on the descriptions below

Mommy & Me Level 1 Level 2 Level 3 Level 4 Level 5

Child's Name _____ Age _____

Has this child had previous lessons? Yes No

Rate this child's current swimming skills Weak Good Strong

Circle the appropriate skill level based on the descriptions below

Mommy & Me Level 1 Level 2 Level 3 Level 4 Level 5

Explanation of Skill Levels and recommended ages

If a child cannot perform the tasks at the indicated level the instructor can and will move them to a lower level.

Mommy & Me (Ages 4 and under) A low profile activity where a parent joins their child in the water under the supervision of an instructor for a water acclimation activity program.

Level 1 – Water Introduction (2 ½ - 5 years old) The child may or may not have ever been in the water before and is unable to swim. Needs assistance in water that is over her head. May be afraid of the water. Instructors will teach your child how to maneuver through the water and how to put their head and entire body under water.

Level 2 – Primary Skills (4 – 6 years old) Basic swimming ability. Child has completed the water introduction course. They are comfortable in water and can stand in it. They are comfortable without their parent around and with other children. They will be taught how to kick using a kickboard, how to use the wall, proper free style stroke, how to float and glide through the water.

Level 3 – Stroke Refinement (5 – 7 years old) Students have passed Levels 1 and 2 and can demonstrate basic floating techniques and principles behind the free style stroke. They may not be able to perform these tasks well but they can demonstrate knowledge of them. They will be taught the free style stroke, back stroke and beginnings of the breast stroke.

Level 4 – Stroke Development (6 – 8 years old) Efficiency of strokes, flip & open turns, diving.

Level 5 – Pre- Swim Team Clinic (9 years old & up) – Breakout, starts, turns, drills and interval training.

Please indicate any health concerns your child has that our instructors should be aware of: _____

Do you have any concerns?

Washington Borough Recreation

Parental Consent to use Child's Images on the Washington Borough Website

From time to time, the Recreation Program records digital images of players participating in youth sports and activities sponsored by the Borough to document the activities that are offered to Borough youth through the Recreation Program. The Borough desires to post these images on its website to promote the Recreation Program and its activities to the community.

It is the Borough's intent to protect the privacy rights of our young players and their families by (1) prohibiting the posting of any young player's image or identifying information on its website without the express written permission of the player's parent(s); and (2) publishing young players' photos on the website only as a means of promoting the activities of the Recreation Program.

In furtherance of the Borough's goal of protecting the privacy rights of our young players and their families no identifying information (name, age, etc.) will be included with any child's picture.

Consent to use of child's Image on Washington Borough Web Site, Please check one box

Yes, the undersigned parent or legal guardian of _____ (child(ren)'s name), agrees and consents to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

The undersigned retains the right to refuse the posting of any particular image of the above named player, and to request the removal of any image at any time by contacting the Recreation Department at (908) 689-3600 ex 136 or RecSecretary@washingtonboro-nj.org.

No, the undersigned parent or legal guardian of _____ (child(ren)'s name), DOES NOT consent to the posting of digital images of the player on the Washington Borough website that were taken in connection with programs or activities conducted by the Borough Recreation Program.

Signature of Parent or Legal Guardian

Date

Printed name of Parent or Legal Guardian

Liability waiver and emergency medical authorization

I understand that the activities/programs held within the Borough of Washington Municipal Park may include physical activity and exercise with the possibility of physical contact and bodily injury to myself or my children or ward (if any) listed above, and that the Washington Borough Recreation Department and its staff and the Borough of Washington (the "Borough"), are not undertaking responsibility to oversee activities that are free from the risk of injury, loss or damage to person or property, and I hereby assume all of said risks for myself and my children.

In consideration of the use and availability of the services and facilities, by me and the above listed children and wards if any, I hereby agree to release, relieve, hold harmless, and indemnify the Washington Borough Recreation Department, the Borough, and their respective officers, agents, instructors, and employees from all liability and claims arising out of any accident or injury suffered or incurred by me or said children or wards while enrolled in any class or program sponsored, organized or supervised by the Washington Borough Recreation Department or the Borough, except for acts of gross negligence or intentional acts of the said officers, agents, instructors, and employees.

Further, in case of accident, injury or sudden illness, I authorize any first-aid or emergency medical care which may become necessary for my child, ward or myself while enrolled in any activity or program administered by the Borough. I also authorize that my child, ward or I may be transported to a local medical facility. If I cannot be reached in an emergency, I hereby grant permission for my child or ward named above to receive all appropriate medical treatment necessary. By executing this document, I hereby assume, on behalf of my child or ward, all risk of injury or loss to which he or she may be exposed.

Signature of Parent or Guardian

Date