



WATAUGA COUNTY SWIM COMPLEX ADULT SWIM LESSONS

BEGINNER & INTERMEDIATE

No MONETARY REFUNDS

SPRING 2010

Registration begins Monday, February 1st at 9:00 a.m.

FOR OFFICE USE ONLY:

DATE: _____

FEE PAID: _____

STAFF: _____

RECEIPT #: _____

REGISTRATION FEE:

****\$40 MEMBERS/**

\$50 NON-MEMBERS

NAME: _____ PLEASE CIRCLE ONE: MALE FEMALE

ADDRESS: _____ PLEASE CIRCLE ONE: BEGINNER INTERMEDIATE

HOME PHONE: _____ WORK PHONE: _____

DO YOU LIVE IN THE BOONE CITY LIMITS? YES NO DO YOU LIVE IN WATAUGA COUNTY? YES NO

E-MAIL: _____ CELL # _____

Session 1

Beginner/Intermediate

March 15 - April 12

April 5th - No Class

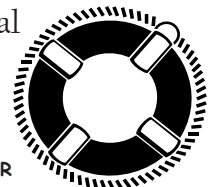
M & W 7:15 - 8:00 pm

SWIMMING LESSONS ARE OFFERED FOR THE FOLLOWING GROUPS (CHECK ONE):

_____ BEGINNER - FOCUS ON BREATH CONTROL, FLOATING FRONT AND BACK,
STREAMLINE POSITION, FREESTYLE AND BACKSTROKE BASICS

_____ INTERMEDIATE - MUST BE ABLE TO SWIM 50 METERS FREESTYLE WITHOUT STOPPING.
FOCUS ON STROKE REFINEMENT, TECHNIQUE, AND FITNESS SWIMMING

Registration continues until classes are full. Watauga County residents have first priority for all swim lessons. Non-county residents will be put on a waiting list and an additional 50% will be added to the lesson fee. If classes are not filled by county residents the class will be filled by non-county residents. All registration will be taken on a first-come, first-served basis. Class will be limited to a maximum of ten students. A minimum of six students must be registered for a class to be scheduled. Any classes that are cancelled due to weather will be given special credit at a daily pro-rated amount. Also, for classes that are not held because of minimum registration requirements a special credit will be issued for the total amount paid. A fee of \$10 will be charged each time a change is made to date or times after initial registration. Class sizes and changes within levels will be made at the discretion of the Aquatics Director and based on overall safety and goals of the class.



**PARTICIPANT IN CLASS MUST BE MEMBER

I, _____ assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless Watauga County, its staff, its volunteers, and any sponsoring agency for claim arising out of any loss or injury that the participant might sustain while engaged in this program. I understand the Watauga County Parks and Recreation does not provide insurance and is not responsible for the medical condition of the participant.

I agree to the release of photographs of the participant for the promotion of Watauga County Parks and Recreation.

I also agree to abide by the NO-REFUND and the Resident/Non-Resident participant policies.

I am responsible for listing any medical condition, any limitations, and special needs of the participant in the space provided below.

I agree to abide by the Watauga County Swim Complex **Pool Rules**.

Signature of Parent(s) or Legal Guardian of Participant

Date