



WATAUGA COUNTY SWIM COMPLEX

YOUTH SWIMMING LESSONS

FOR OFFICE USE ONLY:	
DATE: _____	
FEE PAID: _____	
STAFF: _____	
RECEIPT #: _____	

SUMMER 2010

REGISTRATION FEE: **\$40 MEMBERS \$50 NON-MEMBERS

Registration begins Wednesday, April 7th at 9:00 am

No MONETARY REFUNDS

CHILD'S NAME: _____ SEX: _____ HOME PHONE: _____

MOTHER'S NAME _____ PHONE(H) _____ (W) _____

FATHER'S NAME: _____ PHONE(H) _____ (W) _____

CHILD'S HOME ADDRESS: _____

CHILD'S DATE OF BIRTH ____ / ____ / ____ CHILD'S CURRENT AGE _____ GRADE _____

DO YOU LIVE IN THE BOONE CITY LIMITS? Yes No DO YOU LIVE IN WATAUGA COUNTY? Yes No

E-MAIL: _____ CELL #'s _____

circle the session and check the level of the desired lesson

Session 1
M,W,F June 7 - 23 5:30-6:15 pm I - III

Session 2
M-Th June 14 - 24 6:30-7:15 pm I - VI

Session 3
M,W,F July 5 - 21 5:30-6:15 pm I - III

Session 4
M - Th July 12 - 22 6:30-7:15 pm I - VI



PLEASE COMPLETE THE EXIT SKILLS ASSESMENT SHEET (WHITE COPY) BEFORE SELECTING SWIM LEVEL

If you are not sure about the level, you may bring child in to be evaluated during a public swim time by one of the directors or a head lifeguard.. You will need to be in the water during the evaluation if the child is less than 4 feet tall and can not float. If you stay in the pool after the evaluation you will need to pay the public swim fee.

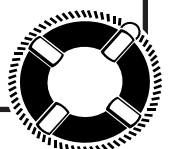
Children not in the correct level may be moved within the session if room is available without exceeding a 1 to 5 ratio of instructor to student.

IF THERE IS NOT ROOM TO MOVE THEM WITHIN THE SESSION THEY WILL BE REMOVED FROM LESSONS AND YOU WILL RECEIVE A CREDIT THAT CAN BE USED IN ANOTHER SESSION.

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

- | | |
|--|----------------------------------|
| _____ LEVEL I: Water Exploration (3yrs. and older; no previous lessons) | _____ Level V: Stroke Refinement |
| _____ LEVEL II: Primary Skills | _____ Level VI: Fitness Swimming |
| _____ LEVEL III: Stroke Readiness | |
| _____ LEVEL IV: Stroke Development | |

***CHILD MUST BE ABLE TO PASS THE EXIT SKILLS OF THE PREVIOUS LEVEL BEFORE REGISTERING FOR THE NEXT LEVEL.**



WATAUGA COUNTY SWIM COMPLEX

STANDARD RELEASE FORM FOR YOUTH PROGRAMS

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 four 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 time 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.

IN ORDER TO BE CONSIDERED FOR A SPECIAL CREDIT, A WRITTEN NOTICE MUST BE GIVEN
AT LEAST 14 DAYS IN ADVANCE OF THE PROGRAM START.

I, _____, as parent or legal guardian of (or participant) _____, hereby give my consent for participation in the Watauga County Parks and Recreation Swim Lesson Program.

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. I understand that there is no coverage for diving from the starting platforms or swimming pool side.

Signature of Parent(s) or Legal Guardian of Participant

Date

EMERGENCY INFORMATION



Physician _____ Phone _____

In case of emergency, contact: _____ Phone _____

Please list any allergies and/or medical concerns: _____

Medical Conditions, Limitations, or Special Needs of the Participant (as recommended by a Medical Doctor):

WATAUGA.SWIM@NCMAIL.NET
**PARTICIPANT IN CLASS MUST BE MEMBER
WWW.WATAUGACOUNTY.ORG

DO NOT MAIL PAYMENT OR FORMS
WATAUGA.SWIM@NCMAIL.NET
NO MONETARY REFUNDS