

2019 Instructional Swim Program – Belmont Hills

122 Mary Watersford Road in Bala Cynwyd – 610-668-2411

Pre-registration is required. **Registration processed at Belmont Hills Pool ONLY.**

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|-----------------------|--------------------|--|
| Days/Sessions: | Monday - Friday | |
| Session 1 | June 17 – 28 | Registration begins Noon on June 1 (Weekends Only) |
| Session 2 | July 1 – 12 | Registration begins 8:00am on June 24 |
| Session 3 | July 15 – 26 | Registration begins 8:00am on July 8 |
| Session 4 | July 29 – August 9 | Registration begins 8:00am on July 22 |

Schedule: (Subject to change based on Registration)

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|-----------------|---|
| 8:30 – 9:00am | Beginner 1, Beginner 1, Beginner 2, Beginner 2, Advanced Beginner |
| 9:15 – 9:45am | Beginner 1, Beginner 1, Beginner 2, Beginner 2, Advanced Beginner, Intermediate |
| 10:00 – 10:30am | Beginner 1, Beginner 1, Beginner 2, Beginner 2, Aqua Tot |
| 10:45 – 11:15am | Beginner 1, Beginner 1, Beginner 2, Beginner 2, Aqua Tot |

Fee/Session: \$70/Residents \$80/Non-Residents
Make checks payable to: **Treasurer, Township of Lower Merion**

Class Description:

- Aqua Tot** - Infant to approximately age 4. Will need an adult in the water. Five tots with adults per class.
- Beginner 1** - Non-swimmer of any age. Up to six participants per class.
- Beginner 2** - Swimmers who want to improve their stroke. Up to six participants per class.
- Advanced Beginner** - Swimmers that can swim one length of the pool. Up to six participants per class.
- Intermediate** - A good swimmer working on stroke and endurance. Up to six participants per class.

All classes are conducted in accordance with American Red Cross standards. You must be a resident of the Township of Lower Merion or a current Pool Member to register for lessons.

Belmont Hills – 2019 Instructional Swim Program Registration Form

Participant's Name: _____ **Age/DOB:** ____ / _____

Session: _____ **Time:** _____ **Fee:** _____

Telephone: _____ **E-mail:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Emergency Contact & Phone Number: _____

Medical Conditions/Allergies/Medications: _____

Physician's Name & Phone Number: _____

I, the undersigned, hereby release the Township of Lower Merion, its officers, agents, employees, sponsors, organizers, and all leaders assigned by them from all liability for any damage and injury to any person or thing in connection with the above activity. Furthermore, I hereby agree to refrain from bringing suit against any of the above named on my own behalf or on behalf of my son or daughter (named above) as a result of any damages or injuries to any person or thing that occurred in connection with the above activity. I also hereby agree to permit the video recording and or photographing of this activity for the purposes of program advertisement by the Township of Lower Merion.

Adult Participant's or Parent's Signature

Date

Day Time Telephone