

**Central Cambria High School Pool Program**

**Swimming Lessons Registration Form**

Swimmer's Name:	Age:
Address:	
City:	Zip Code:
Phone:	Email:
Emergency Contact:	
Phone:	
Current Swimming Level:    ___ Beginner            ___ Intermediate            ___ Advanced	
Day:    ___ Saturday 9 am                    ___ Sunday 5:30 pm	
___ Saturday 10 am                ___ Sunday 6:30 pm	
<b><u>Schedule</u></b>	
Session 1:	7 weeks            October 20-December 8
Session 2:	7 weeks            January 5-March 2
Session 3:	7 weeks            March 9- April 27
<b><u>Swimming Lesson Rates Per Session</u></b>	
\$60 for the first child	\$60
\$50 additional children	\$50 x _____ = _____ Total: _____

**\*If there is a cancellation due to weather, the only make up would be to attend the next days lessons. No extended weeks.**

**\*Please note what level of swimmer your child is before the lessons begin to give the lifeguards better understanding which skilled class to put them in. CHILD MUST BE POTTY TRAINED! We ask parents to please stay on the bleachers during swim lessons; our instructors are trained and certified. Trust us to guide your child into the aquatic environment by teaching safety, swimming skills and fun.**

**\*REGISTRATION FORMS AND PAYMENT NEED TO BE RETURNED TO YPCC BY October 12, 2018. NOT THE SCHOOL!**

**I hereby waive and release any and all rights and claims for damages I may have against the Central Cambria High School, it's employees and/or agents, for any and all injuries which may be suffered in connections with my involvement with any activities sponsored by or taking place at the Central Cambria High School Pool.**

Parent's Name (Please Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Dirk Johnson, Recreation Director, with any further questions or concerns at 472-4277 ext. 3