

Swimming Lessons Application

Name: _____

Age: _____ Date of Birth: _____ Gender: Male Female

Parent's Name(s): _____

Home Address: _____

Phone: _____ Email: _____

Alternate Contact Info: _____

Additional Info: _____

Please answer the following to help us better place you or your child in the appropriate lessons.

Select the Level that you would prefer for the classes to begin on. If unsure, please choose a level below rather than a level above. One of our Instructors will contact you to set up your swimming lessons.

____ LEVEL 1

To help students feel comfortable in the water and to enjoy the water safely. Students will learn elementary water skills which they can build on as they progress through the various levels.

____ LEVEL 2

To give students success with fundamental skills and learn to float without support. Learn basic self-help rescue skills.

____ LEVEL 3

Students learn to coordinate front and back crawl. Introduce elementary backstroke and the fundamentals of treading water.

____ LEVEL 4

Develops confidence in strokes learned thus far and to improve other aquatic skills. Introduce breaststroke, sidestroke and wall turns.

____ LEVEL 5

Coordination and refinement of key strokes.
Introduce the butterfly, open turns, feet-first surface dives. Increase swim distances.

____ LEVEL 6

To polish strokes so students swim with more ease, efficiency, power and smoothness over greater distances.

- ❖ Does your child have any disabilities or medical conditions that our instructors need to be aware of? YES* NO

*If yes, please provide more information on the reverse side of this page.

- ❖ What does your child prefer to be called? _____
- ❖ Does he/she have any siblings that will also be attending swimming lessons? If yes, who _____
- ❖ Is there anything that you would like for our Instructors to know about your child? _____
- ❖ Because children respond differently to instruction in some situations, Parents will ONLY be permitted to observe the swimming lessons from the opposite side of the pool but will not be allowed to be in the immediate area of the lessons to reduce any chances that could hinder your child's ability to pay attention to the direction of their Instructor. This will be handled on a case-by-case situation based upon the needs of the child participating in the lesson. Please initial: _____

I understand that this is an agreement between _____ (lifeguard) and me.

I acknowledge that by signing below that I am agreeing to release the liability for any accident, injury or illness of myself or my child from the liability of the Parks & Recreation Department of the City of Pulaski understanding that the facilities are being used, however, I am aware that these swim lessons are not facilitated by the City of Pulaski Parks and Recreation Department. I agree to release as well the Instructors and Aides that will be facilitating the Swim Lessons from liability upon verification that all individuals conducting the lessons are performing with due regard for the safety and wellbeing of everyone.

Parent/Guardian Signature: _____ Date: _____