



Slater Swim Lessons 2020 **Sign-Up is @ Slater City Hall** **(101 Story St.)**

Wednesday, April 29th 5:30PM – 6:30PM

Thursday, April 30th 5:30PM – 6:30PM

Lessons

Session 1: June 15- 26

Session 2: July 13-24

Session 3: Aug 3-14

Times for sessions 1&2 are

9:00a, 10:00a & 11:00a

Times for Session 3 are

6:00p & 7:00p only!

- Classes meet, M-TH. Fridays shall serve as a rain make up days if needed.
- Enrollment will be accepted 1st come, first serve. There are limited numbers of students allowed in each level at each time.
- Must be 5 years of age by the 1st day of lessons.
- \$40 per session. No refunds will be given except for medical emergencies.

For definitions of these levels and a check list of things students need to be able to do to be in each level, go to the City of Slater's website (www.slateriowa.org) and follow the links to *Parks & Recreation*, *Pool* and then *Lessons*.

******SEASON PASSES will be on sale during sign up.******

Save \$\$\$ by purchasing your season pass before May 22nd.

Ballard Sharks Swim Club

Swimmers must be between the ages of 6-18 and be able to swim one length of the legal freestyle (crawl), and one length of legal backstroke.

Practices will be held Monday, Tuesday, Thursday and Friday mornings 7AM – 9AM June through July. Meets are held Tuesday evening. Participation in meets is encouraged, but not required.

For more Info... go to <http://sites.google.com/site/ballardsharksswimclub/>

SLATER SWIM LESSON REGISTRATION

STUDENT NAME: _____

BIRTHDATE: _____ AGE (as of 1st day of lessons): _____

PARENT/GUARDIAN: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

PHONE #'S: _____ OR _____

EMERGENCY CONTACT: NAME _____

(Other than yourself or spouse)

PHONE _____

MEDICAL AND/OR OTHER CONDITIONS STAFF SHOULD BE AWARE OF?

MEDICAL INSURANCE CARRIER: _____

PARENT / GUARDIAN SIGNATURE SIGNATURE/AUTHORIZAION FOR MEDICAL TREATMENT:

DATE _____

I / WE, THE PARENT /GUARDIAN OF THE ABOVE PARTICIPANT, GIVE MY / OUR PERMISSION TO PARTICIPATE IN SLATER SWIM LESSONS AT THE SLATER MUNICIPAL POOL. I / WE UNDERSTAND THAT THERE IS SOME INHERENT RISK INVOLVED WITH THIS ACTIVITY AND THAT NOT ALL INJURIES CAN BE PREVENTED. THEREFOR, I DO HEREBY WAIVE, RELEASE, AND AGREE NOT TO HOLD THE ORGANIZERS, SPONSORS, SUPERVISORS, CITY OF SLATER, EMPLOYEES OR OFFICIALS, OR ANY VOLUNTEERS LIABLE FOR ANY INJURIES THAT MAY OCCUR DURING THIS ACTIVITY.

DATE _____

For office use only:

SESSION: _____ LEVEL: _____ TIME: _____

PAID: _____