



# **Slater Swim** **Lessons**

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

**Wednesday, May 11<sup>th</sup> 5:30PM - 7:00PM**

**Thursday, May 12<sup>th</sup> & 5:30PM - 7:00PM**

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## **Lessons**

**Session 1: June 20 – July 1**

**Session 2: July 11 - 22**

**Session 3: Aug 8 - 19**

**Times for all sessions are**

**9:00, 10:00, 11:00 & 7:10\***

*\*(7:10 Evening class will be offered during  
Session 1 & 2 ONLY)*

- Classes meet, M-TH. Fridays shall serve as a rain make up days if needed.
- Enrollment will be accepted 1<sup>st</sup> come, first serve. There are limited numbers of students allowed in each level at each time.
- Must be 5 years of age by the 1<sup>st</sup> day of lessons.
- \$35 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](http://www.slateriowa.org)) and follow the links to *Parks & Recreation, Pool* and then *Lessons*.

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

**Save \$\$\$ by purchasing your season pass before May 27<sup>th</sup>.**

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## **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 1<sup>st</sup> day of lessons): \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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 INURIES THAT MAY OCCUR DURING THIS ACTIVITY.

\_\_\_\_\_

DATE \_\_\_\_\_

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For office use only:

SESSION: \_\_\_\_\_ LEVEL: \_\_\_\_\_ TIME: \_\_\_\_\_

PAID: \_\_\_\_\_