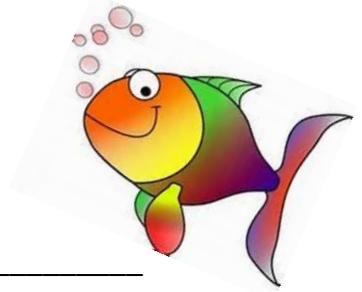


SEBCO POOL

2019 PRIVATE SWIM LESSON REGISTRATION



Swimmer's Name: _____ Age: _____

Parent's Name: _____ Phone # _____

Address: _____

Email address _____

Does the participant have any medical condition or special needs the instructor should be aware of? (i.e. diabetes, asthma, or seizures)? Yes ___ No ___ If yes, please explain: _____

Lessons are 1/2 hour in length with 1 instructor per lesson

Private lesson (1 child) \$20 ~or~ Semi-Private (2 children) \$15 per child

Six (6) Private lessons for \$96

NOTE: There will be no refunds for missed lessons, no-shows or if child is not willing to participate once classes start. Make-up lessons will be offered if the lesson needs to be cancelled.

Please indicate desired timeframe (you will be contacted to coordinate times for lessons)

Morning _____ **Afternoon** _____ **Evening** _____

My child took swimming lessons at SEBCO this season or last session. He/She achieved level _____.

My child has not taken swimming lessons at SEBCO Pool.

Please estimate your child's current skills and abilities by choosing one of these descriptions:

LEVEL 1 - Child hasn't had any swimming lessons or doesn't exhibit the skills on the next line.

LEVEL 2 - Child opens eyes under water, submerges mouth & nose, floats on back, glides on front & enters and exits the water independently.

LEVEL 3 - Child exhibits all the skills above as well as: goes under water, treads water, can front float & rollover to a back float and can push off and swims using a combination of arm and leg actions for 15 feet on both front and back. Child needs stroke development.

LEVEL 4 - Child exhibits skills above and can jump into deep water & return to the side, swim front crawl for 15 yards with face in the water, tread water for 30 seconds, and dive in from kneeling position, needs stroke improvement.

LEVEL 5 - Child exhibits all the skills above and can swim front crawl for 25 yards, float on back for one minute, swim elementary backstroke and the breaststroke for 15 yards.

Permission:

I understand that SEBCO Pool Association assumes no responsibility for the safety of any users of the pool or equipment or loss or damage to personal property.

Parent/Guardian Signature: _____ **date:** _____

.....

Pool office use: Payment date: _____ cash or check # _____ Level assigned: _____ (level passed _____)