

**One form per child**

**Maumelle Parks & Recreation  
2017 Swim Lesson Registration Form**

**Session 1:**

June 6th—9th & June 13th—16th

**Session 2:**

June 20th—23rd & June 27th—30th

**Session 3:**

July 11th—14th & July 18th—21st

**Session 4:**

July 25th—28th & August 1st—4th

**ALL CLASSES  
11:00am-11:45am**

Students will be placed in classes based on age and skill level with a ratio of one teacher per six students.

Students Name: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Number(s): \_\_\_\_\_

**IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED PLEASE CONTACT:**

*Any Medical or other concerns that we should be aware of:*

**DATE OF BIRTH:** \_\_\_\_\_ **AGE :** \_\_\_\_\_

Registration for Swim Lessons will begin on:  
**MONDAY, MAY 1st at 5:30am.**

WE WILL **NOT** ACCEPT ANY REGISTRATION FORMS PRIOR TO MAY 1. All Registration Forms must be completed by parent or legal guardian of the student and must be turned in to the Jess Odom Community Center WITH PAYMENT by cash or check only

**COST PER SESSION \$50**

- a. **Only** students in swim class are allowed in pool area. Spectators and parents must remain in observation area
- b. There will be no refunds and no make-up classes for personal absences
- c. If you are staying to swim after lessons, you must exit the pool area and re-enter and scan when the pool opens at 12:00 pm.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION**

As legal guardian of \_\_\_\_\_, I agree to assume full risk and to waive, relinquish, and release all claims I and or the participant may have against, indemnify, hold harmless, and defend Maumelle Parks & Recreation and the City of Maumelle. This includes all city employees from claims resulting from injury or damage during the swim program. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I cannot be reached. I represent that the participant is in good health and assumes responsibility for continued physical condition and capability to participate in the Maumelle Park & Recreation Swim Program. I have read and understand this assumption of risk and waiver of liability and medical authorization and I voluntarily affix my name in agreement.

Participant/Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Office use only**

Registered in Session(s) 1 2 3 4

(Circle and Initial) \_\_\_\_\_

**Parents or Guardians,**  
**Please complete this skill assessment to the best of your ability. This will assist us in**  
**grouping students prior to the first lesson based on their age and skill level**

NAME: _____ AGE: _____ SESSION#: _____	Not Capable	Somewhat Capable	Very Capable
Entering and exiting the water alone			
Enter water by jumping in			
Submerge entire face in the water without assistance			
Blowing bubbles through mouth and nose			
Fully submerge and hold breath			
Bobs in water			
Holds on side of pool doing flutter kicks			
Open eyes under water and retrieve submerged object (in chest deep water)			
Front and back float and glide with support			
Front and back float and glide without support			
Swim on front and back with kickboard using flutter kick			
Swim on front without assistance using arm and leg movements			
Performs elementary freestyle			
Performs elementary backstroke			
Performs elementary breaststroke			
Can tread water using arms and legs			
Swims in deep water without assistance			
Jumps and/or dives off diving board			

Does your child have a fear of the water? YES NO

Does your child have any medical conditions or behavior, emotional or learning needs which the swim staff should be made aware of? YES NO

If YES, please explain:

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