



Office:	Paid via: cash / ck / cc
Date rec'd:	_____
Staff Initials:	_____
Enrolled:	_____

Learn-to-Swim Registration: 2010 Lessons: Summer Sessions

Step 1: New Swimmers: Please fill in all requested info. **Returning swimmers:** Please list any new info.

Swimmer: _____ Age: _____ DOB: _____ Sex: M / F
 Parent Name: _____ Home Phone: _____ Work: _____
 Address: _____ City: _____ State: _____ Zip: _____
 E-Mail: _____ (* Please include for class confirmation and session communication)
 Health/Learning/Other Comments/Requests: _____

Step 2: Please circle sessions/days/times you'd like to attend:

2 WEEK SESSIONS: **Session 1:** June 21st – July 1st **Session 2:** July 12th – July 22nd **Session 3:** July 26th – Aug 5

PARENT & ME:

Age: 6 m – under 3 yrs
 AM: Mon & Wed **OR** Tues & Thurs: 9:00
 (AM: 4 lessons total)

PRESCHOOL:

Age: 3 & 4
 AM: Mon – Thurs: 9:00, 9:45
 (AM: 8 lessons total)
 PM: Mon & Wed: 4:45, 5:15
 (PM: 4 lessons total)

CHILDREN'S GROUP LESSONS

Age: 5+
 AM: Mon – Thurs: 9:45, 10:15, 10:45
 (AM: 8 lessons total)
 PM: Mon & Wed: 4:45, 5:15
 (PM: 4 lessons total)

All lessons are 25-30 minutes.

Step 3: Please select station for Group Lessons:

<input type="checkbox"/> 1: Non-Swimmer	<input type="checkbox"/> 3: Front and Back Float (5 seconds)	<input type="checkbox"/> 5: Crawl stroke (no breathing)
<input type="checkbox"/> 2: Able to bob completely underwater (10 times)	<input type="checkbox"/> 4: Streamline kick on back & front for 15 ft	<input type="checkbox"/> 6: Crawl stroke w/ side breathing
		<input type="checkbox"/> 7 – 10: By Staff Evaluation Only

Step 4: Please list a 2nd CHOICE for each session in the case we can't accommodate your 1st choice.

Session (1): 2nd Choice Time: _____ **Session (2):** 2nd Choice Time: _____ **Session (3):** 2nd Choice Time: _____

Please note: **Programs require AT LEAST 3 persons to be offered. We reserve the right to cancel or consolidate classes due to low enrollment..

Step 5: Select FEES/per session: (* Membership rate for children in a family membership only. Parent & Me children exempt).

8 Lessons:	Member Non-Resident: \$72 *	Member Resident: \$64*	Non-Member Non-Resident: \$120	Non-Member Resident: \$112
4 Lessons:	Member Non-Resident: \$36*	Member Resident: \$32*	Non-Member Non-Resident: \$60	Non-Member Resident: \$56

Step 6: Please complete, drop at Welcome Desk or mail with payment.

*****Registration must be received 1 week before start of each session*****

Address: UVAC, PO Box 1198, WRJ, VT 05001 Attn: Swim Lessons. We prefer checks but will accept major credit cards.

Date: _____ **Total Amount Enclosed:** _____ **Signature x** _____

Check #: _____ **CC:** VISA MC DISCOVER **Account#** _____ **Expiration Date** _____

***** Contact Molly Nygaard at 802.296.2850 x106 or molly@uvac-swim.org for information or other questions. *****