

# OAK RIDGE RECREATION AND PARKS SWIMMING LESSONS APPLICATION 2011

*Classes meet Monday through Thursday for 2 weeks and are \$60 per session, per child.*

*A yearly nonresident fee of \$10 per child will be charged for all children's Recreation & Parks Department aquatics activities.*

<u>American Red Cross Levels</u>	<u>CLASS TIMES</u>								<u>STAFF USE ONLY</u>
<b>Parent – Child Aquatics (6 months to 4 years old)</b>	8:45am Indoor	9:30am Indoor				6:00pm Outdoor			<b><u>SESSION 1</u></b> <i>June 6<sup>th</sup> – 16<sup>th</sup></i> Level - _____ Time - _____ Paid <input type="checkbox"/>
<b>Pre-School Aquatics – Intro to Water Skills (2 to 4 years old)</b>	8:45am Indoor	9:30am Indoor	10:45am Outdoor	11:30am Outdoor	12:15pm Outdoor	6:00pm Outdoor	6:45pm Outdoor		<b><u>SESSION 2</u></b> <i>June 20<sup>th</sup> – 30<sup>th</sup></i> Level - _____ Time - _____ Paid <input type="checkbox"/>
<b>Level 1- Intro to Water Skills</b>	8:45am Indoor	9:30am Indoor	10:45am Outdoor	11:30am Outdoor	12:15pm Outdoor	6:00pm Outdoor	6:45pm Outdoor	7:30pm Outdoor	<b><u>SESSION 3</u></b> <i>July 5<sup>th</sup> – 14<sup>th</sup></i> Level - _____ Time - _____ Paid <input type="checkbox"/>
<b>Level 2-Fundamental Aquatic Skills</b>	8:45am Indoor	9:30am Indoor	10:45am Outdoor	11:30am Outdoor	12:15pm Outdoor	6:00pm Outdoor	6:45pm Outdoor	7:30pm Outdoor	<b><u>SESSION 4</u></b> <i>July 18<sup>th</sup> – 28<sup>th</sup></i> Level - _____ Time - _____ Paid <input type="checkbox"/>
<b>Level 3- Stroke Development</b>	8:45am Indoor	9:30am Indoor	10:45am Outdoor	11:30am Outdoor	12:15pm Outdoor	6:00pm Outdoor	6:45pm Outdoor	7:30pm Outdoor	<b><u>SESSION 4</u></b> <i>July 18<sup>th</sup> – 28<sup>th</sup></i> Level - _____ Time - _____ Paid <input type="checkbox"/>
<b>Level 4- Stroke Improvement</b>			10:45am Outdoor	11:30am Outdoor	12:15pm Outdoor		6:45pm Outdoor	7:30pm Outdoor	<b><u>SESSION 4</u></b> <i>July 18<sup>th</sup> – 28<sup>th</sup></i> Level - _____ Time - _____ Paid <input type="checkbox"/>
<b>Level 5/6- Stroke Refinement &amp; Fitness Swimming</b>			10:45am Outdoor					7:30pm Outdoor	<b><u>SESSION 4</u></b> <i>July 18<sup>th</sup> – 28<sup>th</sup></i> Level - _____ Time - _____ Paid <input type="checkbox"/>
<b>Adult Swim Lessons</b>	8 – 8:30am Indoor Pool								<b><u>SESSION 4</u></b> <i>July 18<sup>th</sup> – 28<sup>th</sup></i> Level - _____ Time - _____ Paid <input type="checkbox"/>
<b>Name -</b>				<b>Age -</b>				<b>NR FEE</b> Paid <input type="checkbox"/>	
<b>E-mail -</b>				<b>Phone -</b>				<b>Date -</b> _____	

\*Classes that do not fill MAY be cancelled, rescheduled or combined.

**Contact Civic Center Front Desk for Class Time Availability 425-3450**

## CONSENT AND RELEASE FORM

City of Oak Ridge Recreation & Parks Department Aquatic Programs

My child has been examined by a physician within the past 12 months and is found to be physically able to participate in the Recreation and Parks Department Aquatic Programs, which may include physical activities requiring rapid and strenuous movement. Rules and supervision are utilized to prevent or reduce the likelihood of physical injury. However, injuries, including those to the muscle, skeletal, circulatory and nervous systems, can occur. I fully understand the risk of injury arising from my child's participation in Recreation and Parks Department Aquatic Programs and I accept that risk as a part of granting permission for my child's participation. I also grant permission for my child to participate in all trips planned for the Recreation and Parks Department Aquatic Programs. I, on behalf of my heirs, executors, assigns and administrators do hereby release and discharge the City of Oak Ridge and any and all of its agents, employees and servants, from any and all liability of every kind, character and description from and by reason of any injury suffered by my child that may arise while he/she is participating in and under the supervision of the City of Oak Ridge Recreation and Parks Aquatic Programs. It is also agreed that this is the full and final release for the injuries mentioned above, and for all other claims or demands I or my child will ever have or now have against the said City of Oak Ridge as a result of my child participating in its Aquatic Programs.

In case of an emergency, the City of Oak Ridge and/or its employees have my authorization to obtain emergency medical aid for my child. I agree to pay all medical expenses incurred as a result of my child's participation in the Aquatic Programs.

**I/We do hereby acknowledge that I/We have read the Aquatic Program Policies, and agree to abide by the same policies.**

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_ Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

<b>Mother's Name:</b>	<b>Phone: (w)</b>	<b>(h)</b>
<b>Father's Name:</b>	<b>Phone: (w)</b>	<b>(h)</b>
<b>Emergency Contact if parents unavailable:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Family Physician/Phone:</b> _____ <b>Insurance/Policy #:</b> _____		
<b>List any medical concerns, known allergic reactions to bee stings, poison ivy, etc. or other special problems concerning your child:</b>		

