

# 2015 Clearview Swim and Health Club

Clearview Swim and Health Club is an authorized provider for the American Red Cross, offering a comprehensive, developmentally appropriate swimming and water safety program that teaches your child swim skill progressions from breath control to stroke mechanics, and to think and act safely in, on and around the water. Your child will be evaluated and placed in appropriate levels based on age, comfort level in the water, and existing swimming skills.

**Fee Information:**

**Member Fee:** Free to Clearview Members. Space is limited as are the instructors; prior registration is required for participation. **Although swim lessons are free, we value our program highly and recommend regular attendance.**

**Non-Member Fee:** \$7 per class (pay as you go); includes guest fee and instruction fee. Students may come as early as 4:00 pm to swim prior to swim lessons and stay 'til closing. Parents and siblings may swim as well for a fee of \$2 per swimmer. This only applies on swim lesson days. Only 6 visits are permitted per season for swim lesson participants. Visits on other days will count towards your total of 6 allowable visits.

**Classes will be held every Wednesday for 6 weeks starting June 10<sup>th</sup>, through July 15<sup>th</sup>, weather permitting. There will be no make-up classes due to pool closures or inclement weather.**

Course Day	Course Names	Course Times	Class Limit
Wednesday Instructor/ Child ratio 1:4	Preschool 3 yrs old	5:30-6:00	10
	Preschool 4 yrs old	5:30-6:00	10
Wednesday Instructor/ Child ratio 1: 8	Learn-To-Swim, 5 and up	6:00-6:45	40
	Levels 1-3	Levels TBD first class	

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Emergency Information**

Parent/Guardian Name: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information**

Does the participant have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures) Circle one:      Yes                  No

If yes, explain: \_\_\_\_\_

**Check Course Selection:**      \_\_\_\_\_ Pre-School Swim Lessons      \_\_\_\_\_ Learn-To-Swim