



SFAC - LEARN 2 SWIM - LESSONS REGISTRATION

All of the information requested on pages 1 & 2 must be completed in their entirety and a signature is required. Lesson spots are on a **FIRST COME FIRST SERVE BASIS**. Please bring this completed form with payment of \$40.00 per child per lesson to the SFAC (1020 Pleasant Street, Sumner, IA 50674). Early registration will be accepted May 25 from 1-3pm at the SFAC. **REGISTRATION FORMS MUST BE SUBMITTED ONE WEEK BEFORE THE 1ST LESSON DAY of the enrolled session** . Your spot will not be guaranteed until payment is received.

Parents Name: _____ Primary Phone: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

SWIM LESSON INFORMATION

Each session consists of 4 classes in a 1 week session (Monday– Thursday). Should there be any interference with the regularly scheduled lessons (for weather, pool closures, etc.) make up classes will be scheduled for Fridays. Staff will do their best to provide ample notice of any cancellations, although some may come more suddenly due to surprise weather or pool safety incidents. We encourage you to call the office or to check our facebook page for information on a questionable day.

We reserve the right to cancel any sessions due to low enrollment. If a session is cancelled and an alternative lesson option is not found, you will be provided a full refund.

Applications will be accepted **ONE WEEK BEFORE THE 1ST LESSON DAY** of the desired session to begin. Lesson spots are **FIRST COME FIRST SERVE BASIS** until each session is full. No registrations will be accepted after registration has closed. **Parent/ Guardian initials** _____

Once lessons are completed for the day, everyone will be required to leave the pool facility prior to re-entering the pool for the normal 1-5, 6-8pm pool day.

Please arrive at the pool no more than 15 minutes prior to the lesson and ready to swim. Goggles are not required, or provided, but are encouraged.

Because lessons are performance based, if it is determined that your child is not prepared for the selected group lesson, we reserve the right to suggest an alternative . **Parent/ Guardian initials** _____

Questions or concerns? Please contact management at (563) 578-3220 or SumnerFAC@gmail.com.



Session Schedule

NEW 2020 SWIM PROGRAMS

Time (Monday-Thursday)	Session #1 July 6-10	Session #2 July 13-17	Session #3 July 20-24	Session#4 July 27-31
11-12, 12-1, 5-6 10-11, 12-1, 5-6 10-11, 5-6	Tadpoles (Level 1) Squids (Level 3) Dolphins (Level 5)	Tadpoles (Level 1) Squids (Level 3) Dolphins (Level 5)	Tadpoles (Level 1) Squids (Level 3) Dolphins (Level 5)	Tadpoles (Level 1) Squids (Level 3) Dolphins (Level 5)
10-11, 5-6 10-11, 11-12, 5-6 11-12, 5-6	Shrimps (Level Pre-K) Guppies (Level 2) Marlins (Level 4)	Shrimps (Level Pre-K) Guppies (Level 2) Marlins (Level 4)	Shrimps (Level Pre-K) Guppies (Level 2) Marlins (Level 4)	Shrimps (Level Pre-K) Guppies (Level 2) Marlins (Level 4)
5-6 11-12, 11-12, 5-6 10-11, 12-1, 5-6	Barnacles (Parent Tot) Tadpoles (Level 1) Squids (Level 3)	Shrimps (Level Pre-K) Guppies (Level 2) Marlins (Level 4)	Barnacles (Parent Tot) Tadpoles (Level 1) Squids (Level 3)	Shrimps (Level Pre-K) Guppies (Level 2) Marlins (Level 4)

***There is a minimum of 3 and maximum of 10 children per lesson. If minimum enrollment is not met, that level of session will be cancelled. Alternative options may be provided.

CHILD'S NAME	LEVEL	AGE	SESSION #	TIME OF CLASS	Medical Alerts

Additional Comments (specify which child if more than 1 enrolled): _____

Release of Liability: Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of the program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s) and I agree to assume the full risk of any such injuries, damages, or loss regardless of severity which I or my child/ward may sustain as a result of participating in any of the program(s). I hereby fully release and discharge the City of Sumner and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with activities of any of the program(s).

Signature: _____ **Date:** _____

OFFICIAL USE ONLY CHECK TOTAL: _____	CHECK #: _____	CASH TOTAL: _____	Staff Initials: _____
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*Make Checks payable to: Sumner Family Aquatic Center