



PROVIDING CONFIDENCE
FOR ALL AGES
WITH EVERY STROKE



ROBERTS WESLEYAN COLLEGE SWIM LESSONS

LESSON SELECTION

- ★ Private Swim: \$75 pp for (5) 30 min
- ★ Group Swim: \$65 pp for (5) 40 min
- ★ Semi Private (ex. siblings): \$60 pp for (5) 30 min

*Payment will be completed at the service desk on the day of the first lesson. Cash, Charge, or Check payable to Roberts Wesleyan College will be accepted.

****Note: Swim Lessons are non-refundable.**

LEVELS

- ★ Parent/Child 6mth-4yrs
- ★ Learn to swim levels 1-6
- ★ Adult Swim

****All instructors are certified Water Safety through the American Red Cross.**

Preferred Instructors Name: _____ Lesson Selection: _____

Desired Lesson Day: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Desired Start Times*(Please review pool hours below): _____

*Please note that we do not guarantee desired days or times as they will be based on instructor availability.

PARTICIPANT INFORMATION

NAME: _____ GENDER: M F AGE: _____

ADDRESS: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN NAME: _____

HOME PHONE: _____ CELL/WORK: _____

EMAIL: _____

MEDICAL CONCERNS (Please list any conditions or limitations your child may have)

OFFICE USE: AMT PAID _____ DATE PAID _____ CASH _____ CHECK# _____ CREDIT/DEBIT _____ STAFF INT: _____



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PARTICIPANT SWIM ABILITY AND GOALS

Please describe participants swimming ability or Red Cross Level. Also include any goals that participant wishes to attain.

POOL HOURS

**Hours of availability are subject to change during the summer.

Sessions	Day	Times
Spring Jan-May	Monday-Friday	6:30am-12:00pm & 6:30pm-8:45pm
Summer May-August	Saturday Sunday	10:00am-6:00pm 2:00pm-6:00pm
Winter September-December		

In case of emergency I can be reached at the number listed above. In the event I cannot be reached, I authorize the calling of medical services. I give RWC permission to provide first aid and/or arrange for the transport of my youth to the nearest medical facility. I also give permission for the necessary medical treatment to be performed by a medical personnel. By my signature and of my own free will, I hereby agree to indemnify and hold harmless the RWC and its representation from any and all claims and demands, costs or expenses arising out of injuries sustained by myself or any party I am responsible for.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE: AMT PAID _____ DATE PAID _____ CASH _____ CHECK# _____ CREDIT/DEBIT _____ STAFF INT: _____