



PRE-SWIM

TEAM



Fall 2017

HOLLADAY-LIONS FITNESS & RECREATION CENTER
 1661 EAST MURRAY - HOLLADAY RD.
 HOLLADAY, UTAH 84117
 385.468.1700

Pre-Swim Team Class Information

- ◆ **New swimmers are required to do an assessment prior to registration.**
- ◆ This class is for children who can swim Freestyle and Backstroke currently and swim the length of the pool.
- ◆ Our Focus is teaching and developing technique for the swim team strokes: Freestyle, Backstroke, Breaststroke, Butterfly.
- ◆ There are no swim meets, this is an instructional class.
- ◆ Each session is a month long. Classes are held Tuesday and Thursday from 6:00pm - 6:30pm , 6:30pm - 7:00pm , 7:00pm - 7:30pm
- ◆ This is a great class for kids who want to progress their swim skills, but are not ready for swim team.

No Classes

- Tuesday, October 31st
- Tuesday, November 21st
- Thursday, November 23rd

Session	Days of the Week	Dates	Registration Opens @7:30 PM	Fee
Fall 1 8 Classes	Tuesday and Thursday Assessment: August 22nd @5:30 PM	September 5th - 28th	Thursday, August 24th @5:30 PM	\$36.00
Fall 2 8 Classes	Tuesday and Thursday Assessment: September 25th @5:30 PM	October 3rd - 26th	Thursday, September 28th @5:30 PM	\$36.00
Fall 3 7 Classes	Tuesday and Thursday Assessment: October 23rd @5:30 PM	November 2nd - 30th	Thursday, October 26th @5:30 PM	\$31.50

REGISTER ONLINE!

www.recreation.slco.org/holladaylions OR www.activityreg.com

OR fill out reverse side and bring in this flier to register at our front desk.



For inclusion opportunities for people with disabilities, contact Ashley at 385-468-1520 or abowen@slco.org.



Please check the box for which session you are attending:

Fall 1

Fall 2

Fall 3

Please check the box for the time you will be attending:

6:00 pm– 6:30 pm

7:00 pm– 7:30 pm

6:30 pm– 7:00 pm



Check here to be contacted about inclusion opportunities for people with disabilities.

Name of participant (please print) _____ Girl _____ Boy _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian _____ Cell Phone _____ Work _____

Email _____

In case of Emergency notify _____ Phone _____

Assumption of Risk, Liability Release and Refund policy

1. Release & Indemnification: I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily injury and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Salt Lake County, and it's officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County, that may result from my child's participation in Parks & Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization and any other expenses resulting from my child's participation.
2. Refund Policy: As per Salt Lake County policy and procedures, the Parks & Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.
3. Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees, in the event that my account is referred to the Salt Lake County Attorney's office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney's Office for collection.
4. Emergency Treatment: I hereby authorize Salt Lake County Parks & Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will be billed for such emergency treatment.
5. Equal Opportunity: I hereby authorize Salt Lake County Parks & Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will, upon request, provide reasonable accommodations to individuals with disabilities.
6. By signing this assumption of risk, liability release, indemnification, and refund policy statement, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

Child's Name _____

Signature (Parent or Legal Guardian): _____ Date _____

FOR OFFICE USE ONLY...

RECEIPT #:

AMT.

BY:

DATE:

Please Make Checks Payable to:
Salt Lake County Parks and Recreation

