



YOUTH SWIM LESSONS

FALL 2017



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

If you want to stay and swim you must either have a membership or pay the daily entrance fee (\$4.00 child, \$7.00 adult) for each day.

Child must be 6 years old to swim alone.

DIAPER POLICY ENFORCED. Children 3 and under *must* wear a commercial swim diaper and tight fitting rubber pants regardless. (Swim diapers are available for purchase at the front desk).

LOCKER ROOM AGE POLICY: Children 3 and over must use gender appropriate locker rooms. Family change rooms (with adult supervision) are also available.

No Lessons

Thursday, Oct. 19th
 Saturday, October 21st

Class Information

SWIM SCHOOL (see class descriptions on back)

- ◆ Develop a high comfort level in the water and a readiness to swim. This foundation prepares the student to learn swimming strokes in stroke school.
- ◆ Includes functional life-safety water skills that focus on self rescue and water concepts.
- ◆ Children **must be 3 years old** to register for swim school.
- ◆ Four children per class.
- ◆ Classes are Tuesday/Thursday AM, Midday, PM and Saturday AM.

STROKE SCHOOL (see class descriptions on back)

- ◆ This course is for students who have achieved the green swim school benchmark.
- ◆ Students develop endurance, refine freestyle, and learn stroke technique for backstroke, butterfly and breaststroke.

ASSESSMENT DAY

- ◆ For Children who have not done swim lessons, or are new to our program
- ◆ Children 3 & up
- ◆ No Fee or registration required for assessment
- ◆ Assessment's are held the Monday prior to registration

REGISTER ONLINE!

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

Or fill out reverse side and bring in this flier into Holladay-Lions

Session	Days of the Week	Date	Assessment Day	Registration Opens @7:30 PM	Fee
Fall 1	Tuesday and Thursday AM	Sept. 5th - Sept. 21st	Monday, August, 21st @5:30 PM	Tuesday, August 22nd @ 7:30 PM	\$27.00
Fall 1	Tuesday and Thursday Mid-day	Sept. 5th - Sept. 21st	Monday, August, 21st @5:30 PM	Tuesday, August 22nd @ 7:30 PM	\$27.00
Fall 1	Tuesday and Thursday PM	Sept. 5th - Sept. 21st	Monday, August, 21st @5:30 PM	Tuesday, August 22nd @ 7:30 PM	\$27.00
Fall 1	Saturday AM	Sept. 9th - Sept. 30th	Monday, August, 21st @5:30 PM	Tuesday, August 22nd @ 7:30 PM	\$18.00
Fall 2	Tuesday and Thursday AM	Oct. 3rd - Oct. 17th	Monday, Sept. 25th @5:30 PM	Tuesday, Sept. 26th @ 7:30 PM	\$27.00
Fall 2	Tuesday and Thursday Mid-day	Oct. 3rd - Oct. 17th	Monday, Sept. 25th @5:30 PM	Tuesday, Sept. 26th @ 7:30 PM	\$27.00
Fall 2	Tuesday and Thursday PM	Oct. 3rd - Oct. 17th	Monday, Sept. 25th @5:30 PM	Tuesday, Sept. 26th @ 7:30 PM	\$27.00
Fall 2	Saturday AM	Oct. 7th - Oct. 28th	Monday, Sept. 25th @5:30 PM	Tuesday, October 3rd @ 7:30 PM	\$13.50
Fall 3	Tuesday and Thursday AM	Nov. 2nd - Nov. 16th	Monday, Oct. 23rd @5:30 PM	Tuesday, October 24th @ 7:30 PM	\$22.50
Fall 3	Tuesday and Thursday Mid-day	Nov. 2nd - Nov. 16th	Monday, Oct. 23rd @5:30 PM	Tuesday, October 24th @ 7:30 PM	\$22.50
Fall 3	Tuesday and Thursday PM	Nov. 2nd - Nov. 16th	Monday, Oct. 23rd @5:30 PM	Tuesday, October 24th @ 7:30 PM	\$22.50
Fall 3	Saturday AM	Nov. 4th - Nov. 18th	Monday, Oct. 23rd @5:30 PM	Monday, October 30th @ 7:30 PM	\$13.50



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



Swim School

3 Years and Older

Register For:	Swim School White	Swim School Red	Swim School Yellow	Swim School Blue	Swim School Green
If the student:	Can't swim at all.... Will not get face wet... Will not jump into water... Hesitant in the water...	Can't swim without support but loves the water... Will hold face in water for 5 seconds comfortably and will come up and get air... Will jump into the water with assistance...	Can float on front and back (unassisted)... Can roll from front to back (unassisted)... Can roll from back to front (unassisted)... Can jump in and return to surface...	Can swim underwater and on the surface, and can get an occasional breath... Can change direction while swimming... Can swim on their back... Comfortable in the deep water...	Can tread water for at least 15 seconds... Can jump into water and recover and swim freestyle... Can swim freestyle with (side) breathing... Comfortable in the deep water...
Stroke School: Upon Completion of Green Swim School or needs to learn or refine freestyle, backstroke, butterfly, breast stroke. FREESTYLE, BACKSTROKE, BUTTERFLY, BREAST STROKE					



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

Available Sessions:

- Fall 1 September 5th - 21st T/TH AM
- Fall 1 September 5th - 21st T/H MID
- Fall 1 September 5th - 21st T/H PM
- Fall 1 September 9th - 30th Sat AM
- Fall 2 October 3rd - 19th T/H AM
- Fall 2 October 3rd - 19th T/H MID
- Fall 2 October 3rd - 19th T/H PM
- Fall 2 October 7th - 28th Sat AM
- Fall 3 November 2nd - 16th T/H AM
- Fall 3 November 2nd - 16th T/H MID
- Fall 3 November 2nd - 16th T/H PM
- Fall 3 November 4th - 18th Sat AM

Available Levels:

- Swim School White
- Swim School Red
- Swim School Yellow
- Swim School Blue
- Swim School Green
- Freestyle
- Backstroke
- Butterfly
- Breaststroke

Class Times:

AM Lessons

10:00, 10:35, 11:10

Midday Lessons

1:00, 1:35, 2:10

PM Lessons

4:30, 5:05, 5:40, 6:15

Saturday Am

9:00, 9:35, 10:10, 10:45

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 its 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:
------------------------	------------	------	-----	-------