

Adult Swim Lessons

Holladay Lions Fitness and Recreation Center * 1661 E. Murray Holladay Road * (385) 468-1700



Program Details

Swim Lessons for ages 16+

3 - 6 students per class

Beginner or Advanced

Beginner Class Focus:

Water safety, water adjustment, basic swimming skills, front and back floating, front and back gliding, breath control, full submersion of head, introduction to freestyle/front crawl, with introduction to side breathing, elementary backstroke, backstroke, and treading water.

Advanced Class Focus: Stroke development, technique and endurance.

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.

Session Dates

Session	Beginner 6:30 pm Advanced 7:00 pm	Registration Opens	Fee
Fall 1 Wednesdays	September 6, 13, 20, 27	August 23rd @ 6:00 pm	\$18.00
Fall 2 Wednesdays	October, 4, 11, 18, 25	September 18th @ 6:00 pm	\$18.00
Fall 3 Wednesdays	November 1, 8, 15, 29	October 15th @6:00 pm	\$18.00



Choose your session:

Fall 1

Fall 2

Fall 3

Choose your class level:

Beginner 6:30 pm - 7:00 pm

Advanced 7:00 pm - 7:30 pm



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

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

Address _____ City _____ State _____ Zip code _____

Parent or Guardian _____ Cell Phone _____ Work _____

Email _____

In case of Emergency notify _____ (Relation) _____ 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 _____

Signature of Participant: _____ Date _____

FOR OFFICE USE ONLY...	RECEIPT #:	AMT.	BY:	DATE:
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Please Make Checks Payable to:
Salt Lake County Parks and Recreation

