



Adaptive
Swim
Development

Adaptive swim instruction for individuals with intellectual disabilities.

Our Otters Swim Club is designed to boost swimmer confidence and skill development. In our sensory-based environment, we focus on swimming fundamentals, water safety, and social skills.



"I am an Otter! I am a Swimmer!"



Dimple Dell Recreation

Session 6: Aug. 26-Sep. 16, 2017

Session 7: Sep. 30- Oct. 28, 2017

No practice Oct. 14 due to swim meet.

Session 8: Nov 18 – Dec. 9, 2017

Session 8 is only 3 practices - \$7.50
No practice Nov. 11 due to swim meet.
No practice Nov. 25 due to Thanksgiving
No practice Dec. 16 due to swim meet.

When: Saturdays

10:00-11:00 AM

Fee: \$10.00

Dimple Dell Recreation Center offers ADVANCED Otters Sessions. To be in the Advanced group, your child must be able to swim ONE FULL LENGTH of the pool without any assistance, and able to stay in the lanes and with the group. Prior to registering for any group, we require that your child attend an assessment with our Otters coach. An assessment appointment can be made by calling Ivy at 385-468-1903 or emailing her at ihausknecht@slco.org.

For other Otters groups such as 'Beginner' & 'Intermediate' please visit the Salt Lake County Adaptive website <http://slco.org/adaptive/> or call the Adaptive Aquatic Department at (385) 468-1903, or (385) 468-1681

OTTERS SWIM CLUB PROGRAM REGISTRATION

PARTICIPANT AND PARENTAL STATEMENT OF AGREEMENT

ASSUMPTION OF RISK, LIABILITY RELEASE, INDEMNIFICATION, AND REFUND POLICY:

Release and Indemnification: I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being able 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 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 my result from my child's participation in Salt Lake County Parks and Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization, or any other expenses resulting from my child's participation. Refund Policy: As per Salt Lake County policy and procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first day of the program. 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 for collection. 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 there from. I understand that I or my insurance company will pay for such emergency treatment. Equal Opportunity: 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. By signing the assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ (Print)

Address: _____ Email _____

Phone: _____ Cell: _____ Work: _____

EMERGENCY CONTACT (NOT Parent): _____ (Print)

EMERGENCY CONTACT PHONE: _____ CELL: _____

Emergency Contact Relationship to Participant: _____

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____



Dimple Dell Fitness & Recreation
Center 10670 South 1000 East
Sandy, UT 84094
385-468-3355

