

Dimple Dell Fitness & Recreation Center 2017 Fall/Winter Swimming Lessons

Monday/Wednesday Evenings

Month	Registration Begins	Registration Ends	Session Starts	Session Ends	# of Lessons	Cost
September	Sept. 1	Sept. 11	Sept. 6	Sept. 27	7	\$29.75
October	Sept. 28	Oct. 4	Oct. 2	Oct. 25	8	\$34.00
November	Oct. 26	Nov. 1	Oct. 30	Nov. 20	7	\$29.75
December	Nov. 21	Nov. 29	Nov. 27	Dec. 18	7	\$29.75



Lessons Offered

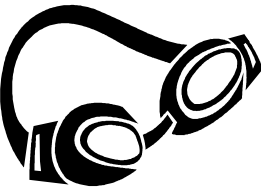
5:30 - 6:00 PM	Pre-Swim White/Red	Pre-Swim Yellow	Pre-Swim Blue/Green
6:05 - 6:35 PM	Swim White/Red	Swim Yellow	Pre-Swim White/Red
6:40 - 7:10 PM	Swim Yellow	Swim White/Red	Pre-Swim Yellow
7:15 - 7:45 PM	Swim Blue/Green	Stroke White/Red	Stroke Yellow/Blue

Saturday Mornings

Month	Registration Begins	Registration Ends	Session Starts	Session Ends	# of Lessons	Cost
September	Sept. 6	Sept. 9	Sept. 9	Sept. 30	4	\$17.00
October	Oct. 2	Oct. 7	Oct. 7	Oct. 28	3 (no 21st)	\$12.75
November	Oct. 30	Nov. 4	Nov. 4	Nov. 18	3	\$12.75
December	Nov. 20	Dec. 2	Dec. 2	Dec. 16	3	\$12.75

Lessons Offered

9:00 - 9:30 AM	Stroke White/Red	Stroke Yellow/Blue	Swim Blue/Green
9:35 - 10:05 AM	Swim Blue/Green	Stroke White/Red	Stroke Yellow/Blue
10:10 - 10:40 AM	Swim Yellow	Swim White/Red	Pre-Swim Blue/Green
10:45 - 11:15 AM	Pre-Swim White/Red	Pre-Swim Yellow	Swim White/Red
11:20 - 11:50 AM	Pre-Swim Yellow	Pre-Swim White/Red	Swim Yellow



- Registration is taken on a first come/first serve basis. Please bring your receipt on the first day.
- Register online at slco.org/dimple-dell/ (read instructions and choose carefully)
- Child must be between age 3-4 to register for Pre-Swim School levels.
- Child must be between age 5-17 to register for Swim School and Stroke School levels.
- We reserve the right to cancel or combine classes as needed.
- If a student misses a class, we do not provide credit, refunds or make-ups.
- Participants are required to take a cleansing shower before class.
 - Registration begins at 6:00 AM and closes at 11:59 PM for all sessions.



For inclusion opportunities for people with disabilities, contact Ivy at 385-468-1903 or ihausknecht@slco.org

RECREATION FORM

Dimple Dell Fitness & Recreation Center - GROUP SWIM LESSONS (Fall/Winter 2017)

Monday/Wednesday Evenings

- | | |
|---|---|
| <input type="checkbox"/> September 6 - September 27 | [7 Lessons] |
| <input type="checkbox"/> October 2 - October 25 | [8 Lessons] |
| <input type="checkbox"/> October 30 - November 20 | [7 Lessons] |
| <input type="checkbox"/> November 27 - December 18 | [7 Lessons] |
| <input type="checkbox"/> Pre-Swim White/Red | <input type="checkbox"/> Swim Yellow |
| <input type="checkbox"/> Pre-Swim Yellow | <input type="checkbox"/> Swim Blue/Green |
| <input type="checkbox"/> Pre-Swim Blue/Green | <input type="checkbox"/> Stroke White/Red |
| <input type="checkbox"/> Swim White/Red | <input type="checkbox"/> Stroke Yellow/Blue |

Saturday Mornings

- | | |
|---|---|
| <input type="checkbox"/> September 9 - September 30 | [4 Lessons] |
| <input type="checkbox"/> October 7 - October 28 | [3 Lessons] |
| <input type="checkbox"/> November 4 - November 18 | [3 Lessons] |
| <input type="checkbox"/> December 2 - December 16 | [3 Lessons] |
| <input type="checkbox"/> Pre-Swim White/Red | <input type="checkbox"/> Swim Yellow |
| <input type="checkbox"/> Pre-Swim Yellow | <input type="checkbox"/> Swim Blue/Green |
| <input type="checkbox"/> Pre-Swim Blue/Green | <input type="checkbox"/> Stroke White/Red |
| <input type="checkbox"/> Swim White/Red | <input type="checkbox"/> Stroke Yellow/Blue |

Name of Participant _____


Birthday _____ Age _____ Girl Boy

Address _____ ZIP _____ City _____ State _____

Work # _____ Home # _____ Cell # _____ (please check preferred #)

Parent/Guardian _____ Email (required) _____

Emergency Contact (other than guardian) _____ Phone _____

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

Dimple Dell Fitness & Recreation Center
10670 S. 1000 E.
385-468-3355
slco.org/dimple-dell/

PARENTAL STATEMENT OF AGREEMENT - ASSUMPTION OF RISK, LIABILITY RELEASE AND REFUND POLICY

Assumption of Risk: I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.

Release: In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.

Indemnification: In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation in the Salt Lake County recreational activities. I agree that my duty to defend and indemnify the County under this Agreement includes all attorney fees, litigation and court costs, expert witness fees, and any sums expended by or assessed against the County for the defense of any claim or to satisfy any settlement, arbitration award, or verdict paid or incurred on behalf of the County arising out of or in any way related to my child's participation in the Salt Lake County recreational activities.

Refund: Refunds may only be requested in person and must be accompanied by a written request. 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. 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 for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

Emergency Treatment: I hereby authorize Salt Lake Parks and 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.

Media Consent: I hereby grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.

Name Posting: Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website. _____

By signing this assumption of risk, liability release, 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. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Name of Child Participant: _____

Signature (Parent or Legal Guardian): _____ Date: _____

OFFICE USE ONLY: Till #	Amount	By	Date
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