

SORENSENSON MULTICULTURAL CENTER

SUMMER SWIM LESSONS: STROKE SCHOOL

TUESDAYS & THURSDAYS \$24 (8 CLASSES)

Time	Skill Level	Put an 'X' to select a session
6-6:30pm	White/Red Stroke	
6:30-7pm	White/Red Stroke	
7-7:30pm	Yellow Stroke	
7:30-8pm	Blue/Green Stroke	

Please circle session date:

May 2nd – May 25th

June 6th— 29th

July 6th— 27th

August 1st— 24th



Freestyle (White Stroke):

Student passed Green Swim School, or can swim 20 yards with rotary (side) breathing.

Backstroke (Red Stroke):

Student passed White Stroke School and needs to work on backstroke.

Butterfly (Yellow Stroke):

Student passed Red Stroke School and needs to work on butterfly stroke.

Breaststroke (Blue Stroke):

Student passed Yellow Stroke School and needs to work on breaststroke.

Endurance (Green Stroke):

Student knows all the strokes and needs to work on endurance.

SATURDAYS \$12.00 (4 CLASSES)

Time	Skill Level	Put an 'X' to
8:30-9am	White/Red Stroke	
9-9:30am	White/Red Stroke	
9:30-10am	Yellow Stroke	
10-10:30am	Yellow Stroke	
10:30-11am	Blue/Green Stroke	

Please circle session date:

May 6th— 27th

June 3rd— 24th

July 8th— 29th

August 5th — 26th



[For ages 4-14 years old]

**Private & Semi available for all ages.*

REGISTRATION:

First Name _____ Last Name: _____

Age: _____ Birthday: _____ Email: _____

Primary Phone: _____ Alternate Phone: _____

Emergency Phone: _____ Emergency Contact: _____

Relation: _____

Skill Level: _____ Session Time: _____ Session Dates: _____

***PLEASE REFER TO THE SKILL CHART FOR SWIM SCHOOL CLASS DESCRIPTIONS!**

Please initial here _____ confirming that the information above is correct.

Important Information:

Please make sure you are signing your child up for the correct class. If you are a returning student, you will need to register for the class recommended by your previous instructor. If your child is registered in the wrong class, we will either move them to the correct class but, if the class is full, you will have the option to receive full credit to your account or a partial refund.

The registrations for each session will open exactly 7 days prior to the start date and will close on the start day. If you miss the registration period, you will need to wait for the next session to register your child.

855 West California Avenue SLC, UT 84104 Recreation.slco.org/sorenson

CONTACT TIM AT TROMNEY@SLCO.ORG FOR MORE INFORMATION.

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. Equal Opportunity: Salt Lake County Parks and Recreation provides equal opportunity to participate regardless of race, color national origin, sex, pregnancy, sexual orientation, gender identity, marital status, religion, age, genetic information, military or veteran status, and will upon request, provide reasonable accommodations to individuals with disabilities. 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.



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

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

For Office Use Only

Receipt #: _____ Amount: _____ Received by: _____ Date: _____ Received Program Information Sheet: _____