

Child's Last Name: \_\_\_\_\_

# "Jacksonville Parks and Recreation" : Learn to Swim Program 2020 Tuesday / Thursday

Cost : \$40 per session (8 – 30 minute classes except for session 3)

**NO REFUNDS!!! "NO MAKE UPS"**

<u>➤ Circle Time &amp; Session</u>	<u>3yrs. &amp; Older</u>	<u>Fitness</u>	<u>Adult</u>	<u>Parent / Child</u>
Session 1 : (Jan 7 - 30)	4:00 / 4:45 / 6:30	6:15	7:00	N / A
Session 2 : (Feb 4 - 27)	4:00 / 4:45 / 6:30	6:15	7:00	N / A
Session 3 : (Mar 3 - 19)*	4:00 / 4:45 / 6:30	6:15	7:00	N / A
<b>* Session 3 is 6 - 45 minute classes * (Off Spring Break Week)</b>				
Session 4 : (Mar 31 - Apr 23)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 5 : (Apr 28 - May 21)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 6 : (June 2 - 25)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 7 : (July 7 - 30)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 9 : (Sept 1 - 24)	4:00 / 4:45 / 6:30	6:15	7:00	7:00
Session 10 : (Sept 29 - Oct 22)	4:00 / 4:45 / 6:30	6:15	7:00	N / A
Session 11 : (Oct 27 - Nov 19)	4:00 / 4:45 / 6:30	6:15	7:00	N / A

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Has the participant attended swim lessons before? Yes or No

Any helpful information to enhance participant's swimming experience?

# Thank you for choosing Jacksonville Parks and Recreation for your swimming lessons.

When you sign up for swimming lessons we will circle the session and time in order to help you keep track of the sessions that you have paid for. If you haven't paid for all the sessions that you want to take at one time and plan to periodically sign up and pay throughout the year, please make sure that you sign up early in order to get into that time spot. We have a limited number of spots and they fill up quickly. It is important to know that there will be no make up classes or refunds given.

When arriving for swim lessons feel free to enter through the pool doors which are located on the south side of the building. These doors will get you on the pool deck, please meet the instructors by the bleachers in order to sign in for that days class. If you enter through the main doors you will need to be dry and wearing shoes and a shirt when entering and exiting. Family change rooms are available as well as locker rooms. Please be on time for class and use restrooms before class time in order to make each class as productive as possible. **If the swimmer has long hair, please tie it back or wear a swim cap. Goggles should be tight fitting and are recommended for Levels 2-6.**

If you have any questions or concerns we are happy to talk with you in person, by phone 501)982-4171 or email [dnovotny@cityofjacksonville.net](mailto:dnovotny@cityofjacksonville.net)

Happy Swimming,

Diane M. Novotny  
Aquatics Manager

**Tuesday / Thursday**

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# “Jacksonville Parks and Recreation”

## Learn to Swim Program 2020

JACKSONVILLE PARKS & RECREATION DEPT.

### RELEASE OF ALL CLAIMS

I, \_\_\_\_\_ ( Program Participant or Parent/Guardian of Minor) do hereby acknowledge the release and discharge of all actions, rights, causes of action, claims, and demands whatsoever that now exist or may hereafter accrue against the City of Jacksonville Parks and Recreation Department, and any other person , corporation, association, or partnership charged or who or which may be charged with responsibility of injury and/or damage to the person and property of the undersigned, the treatment thereof, and all the consequences flowing there from as a result of enrollment, transportation and or participation in one (or more) of the, activities programs or classes sponsored by the Jacksonville Parks and Recreation Department.

I warrant that no promise or inducement has been offered for execution of this document and accept full responsibility for participation in each activity, program or class. That I am of legal age, am competent to execute this Release accept full responsibility for the execution there of and recognize the possible potential for danger resulting from involvement in such activities.

I further agree that this Release shall apply to all known, unknown, and unanticipated injuries and/or damages resulting from participation in each activity, class, or program. This will be in effect for the duration of the Program.

I hereby consent to the use, reproduction, editing and/or broadcast by the City of Jacksonville, Arkansas of any and all photographs, video recordings and audio recordings of me and/or my family, taken by or on behalf of the Jacksonville Parks and Recreation department, without any compensation to me. All negatives and positives prints video-recorded images and audio recordings shall constitute the property of the City of Jacksonville solely & completely.

Please print and sign your name below.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

THE ABOVE PERSON IS WHAT RELATIONSHIP TO THE PARTICIPANT \_\_\_\_\_

WITNESS MY HAND THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Employee, Jacksonville Parks and Recreation Dept.