

# HARRISON PARKS & RECREATION

## PUBLIC SWIMMING LESSONS

REGULAR CLASSES: 5YRS. & ABOVE \$70.00- 2 WEEKS MON-THUR  
CLASSES WILL BE MON-THUR (2 WEEKS), 50 MINUTES LONG EACH DAY  
FRIDAYS WILL BE USED FOR RAIN, INCLEMENT WEATHER, OR UNFORSEEN CIRCUMSTANCES.  
SESSIONS ARE LIMITED TO THE FIRST 20 STUDENTS.  
CLASSES WILL HAVE A TEACHER/STUDENT RATIO OF 5 TO 1 OR LESS.

1 <sup>ST</sup> SESSION	JUNE 6-9 & 13-16	11:00-12:00 (NOON)
2 <sup>ND</sup> SESSION	JUNE 6-9 & 13-16	6:00-7:00 PM
3 <sup>RD</sup> SESSION	JUNE 20-23 & 27-30	11:00-12:00 (NOON)
4 <sup>TH</sup> SESSION	JUNE 20-23 & 27-30	6:00-7:00 PM
5 <sup>TH</sup> SESSION	JULY 11-14 & 18-21	11:00-12:00 (NOON)

DUE TO SCHEDULING WE CAN NOT GUARANTEE THE SAME TEACHER FOR ALL YOUR LESSONS.  
CREDITS WILL NOT BE GIVEN FOR DAYS MISSED OR GENERAL ILLNESS.  
HOTLINE NUMBER: (CANCELLATIONS) 870-365-1842

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STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FATHER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY TO STUDENT ( PLEASE USE ONE FORM PER CHILD)

IS AFRAID OF WATER__	CAN SWIM FRONT CRAWL WITH ASSISTANCE__
WILL NOT PUT FACE IN WATER__	CAN SWIM FRONT CRAWL__
CAN FLOAT AND KICK WITH SOME HELP__	CAN SWIM ELEMENTARY BACK STROKE__
IS FAMILIAR WITH CRAWL ARM STROKE__	CAN TREAD WATER__
CAN FLOAT ON STOMACH__	CAN SWIM SIDE STROKE__
CAN FLOAT ON BACK__	CAN SWIM BREAST STROKE__
WILL JUMP INTO DEEP WATER__	

UPON SIGNING THIS FORM I UNDERSTAND THAT I RELIEVE HARRISON PARKS AND RECREATION OF ANY RESPONSIBILITY IN THE EVENT THAT I OR MY MINOR CHILD IS INJURED.

DATE \_\_\_\_\_ PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

ACCOUNT ING USE ONLY	SESSION ATTENDING _____
TOTAL AMOUNT DUE	_____ (\$70.00 PER SESSION)
DEPOSIT PAID (\$35.00 PER SESSION)	_____ (NON-REFUNDABLE)
BALANCE	_____ (DUE 1 <sup>ST</sup> NIGHT OF CLASS)