

Town of Avon Learn to Swim 2017

Non-Resident Registration Night: May 17th 7:00-8:00PM

Avon High School Cafeteria

Forms available online at www.avon-ny.org under Services

Forms will be accepted at Town of Avon Offices until June 16th 4:00PM

****** All class sizes are limited – first come, first serve ******

****** SWIM LESSONS ARE AT AVON CENTRAL SCHOOL POOL ******

Avon will be offering a full range of **American Red Cross** certified Swim lessons from infants to 12th grade. Our program runs from June 26th – August 4th in two-week session blocks.

Session I: June 26th- July 7th

Session II: July 10th- July 21st

Session III: July 24th - August 4th

Cost is \$50.00/child/session – can sign up for more than one session if space is available after June 1, 2017

Parent/Guardian: _____ Phone (H): _____ Cell: _____

Street Address: _____ City, Zip: _____

Email: _____ School Attending _____

Emergency Contact & Phone Number: _____

Participant Information: (please check all that apply and fill out session, time and level if applicable)

Name: _____ **M F DOB:** __/__/__ **Age:** ____ **Grade in Sept. 2017:** ____

() Learn to Swim Session: _____ Time: _____ Level: _____

Name: _____ **M F DOB:** __/__/__ **Age:** ____ **Grade in Sept. 2017:** ____

() Learn to Swim Session: _____ Time: _____ Level: _____

Name: _____ **M F DOB:** __/__/__ **Age:** ____ **Grade in Sept. 2017:** ____

() Learn to Swim Session: _____ Time: _____ Level: _____

Name: _____ **M F DOB:** __/__/__ **Age:** ____ **Grade in Sept. 2017:** ____

() Learn to Swim Session: _____ Time: _____ Level: _____

Medical Insurance: _____ **Policy/ID#:** _____

Please describe any physical limitations, allergies or medical concerns for your child:

I/We the parents or guardians of the participant in the Avon Summer Learn to Swim Program, give permission for my son/daughter to participate in any and all activities. To the best of my knowledge, my child/children is/are physically and mentally fit to participate in this program. Recognizing the possibility of physical injury associated with this program, I hereby release, discharge and otherwise indemnify Avon Youth Recreation, affiliated municipalities, employees and associated personnel, including the owners of the facility, against any claim by or on behalf of the registrant as a result of the registrant's participation in this program whether the result of negligence or for any other cause

Signature of Parent/Guardian Required: _____

Checks Payable to AVON RECREATION Check# _____ Cash _____ (NO CREDIT CARDS ACCEPTED)

LESSON TIMES

10:30-11:00	Preschool Aquatics Level 1,2,3 and Parent/Child Aquatics ***Parent must be in water***			
11:00-11:45	Level V	Level VI(a)	Level VI(b)	Level VI(c)
1:00-1:45	Level I	Level II	Level III	Level IV
1:45-2:30	Level I	Level II	Level III	Level IV
2:30-3:15	Level I	Level II	Level III	Level IV
3:15-4:00	Level I	Level II	Level III	Level IV

LEVEL DESCRIPTION

Level I:	Intro to Water Skills
Level II:	Fundamental Aquatic Skills
Level III:	Stroke Development
Level IV:	Stroke Improvement
Level V:	Stroke Refinement
Level VI(a):	Fundamentals of Diving
Level VI(b):	Fitness Swimmer
Level VI(c):	Personal Water Safety

Parent/Child Aquatics:(6 mos-3 yrs) *Parent must be in water*****

Goals are water adjustment, water entry/exit, buoyancy front/back, changing positions and safety (all with adult support)

Preschool Aquatics: Level 1, Level 2, Level 3 (3-5 years old)

Goals are water entry/exit, breath control and submerging, buoyancy, changing direction/position, treading, swimming front/back, water safety

Sponsored by Town of Avon Recreation Program, 23 Genesee Street, Avon, New York 14414

Questions or comments email Town of Avon Recreation at toarec@frontier.com

Board Members: Kim McDowell, Allison Hayes, Heather Burke, Emily Cosimano, Kelly Montague

www.avon-ny.org