

2020

SWIM SCHOOL GROUP LESSONS

According to the CDC "participation in formal swimming lessons can reduce the risk of drowning by as much as 88% among young children"

(<http://www.cdc.gov/Features/dsSafeSwimmingPool/index.html>).

Swim School Group Sessions

*Tuesdays and Thursdays 5:30p – 6:15p each
month unless stated otherwise below!*

8 X 45 MINUTE LESSONS

January

First lesson will be on Tuesday, January 7th

Last lesson will be Thursday, January 30th

Registration deadline: December 26th

February

Registration deadline: January 30th

March

Lessons will be March 3rd, 5th, 9th, 10th, 12th, 16th, 17th, and 19th

Registration deadline: February 27th

April

First lesson will be Thursday, April 2nd

Last lesson will be Tuesday, April 28th

Registration deadline: March 26th

May

Registration deadline: April 30th

June

First lesson will be Thursday, June 2nd

Last lesson will be Thursday, June 25th

Registration deadline: May 28th

July

First lesson will be Thursday, July 2nd

Last lesson will be Tuesday, July 28th

Registration deadline: June 25th

September

First lesson will be Thursday, September 3rd

Last lesson will be Thursday, September 24th

Registration deadline: August 27th

October

First lesson will be on Thursday, October 1st

Last lesson will be Tuesday, October 27th

Registration deadline: September 24th

November

Lessons will be November 3rd, 5th, 9th, 10th, 12th, 16th, 17th, and 19th

Registration deadline: October 29th

Levels:

AQUA TOTS:

PARENT & CHILD AQUATICS:

FOR GUARDIANS AND INFANTS 6 MO – 3 YRS.
PARENTS AND CHILDREN EXPLORE THE WATER AND
LEARN SAFE HOLDING TECHNIQUES TO HELP INFANTS
IN THE WATER.

PRESCHOOL AQUATICS:

FOR CHILDREN AGES 3 – 5 YRS
CHILDREN WILL BECOME ORIENTATED IN THE
WATER; LEARN WATER SAFETY TOPICS,
INDEPENDENCE IN THE WATER AND EVENTUALLY
PROPELLING IN THE WATER.

LEARN TO SWIM LEVELS:

FOR CHILDREN AGES 6 - 13 YRS
LEVELS 1 & 2 INTRODUCTION TO WATER AND
FUNDAMENTAL SKILLS.
ABILITY; SUPPORTED – INDEPENDENT 5 YARDS.
LEVELS 3 & 4 SWIMMERS WILL WORK ON
DEVELOPING ALL STROKES AND IMPROVING
FUNDAMENTAL SKILLS.
ABILITY; INDEPENDENT 15 YARDS.

Prices:

	<i>Member</i>	<i>Non-Member</i>
<u>Private:</u> (1x30min)	<u>\$25</u>	<u>\$30</u>
<u>Private Package</u> (4x30min)	<u>\$75</u>	<u>\$80</u>
<u>Group Lessons</u> Tues. & Thurs. (8x45min)	<u>\$75</u>	<u>\$80</u>

An additional \$5 fee will be charged due to late
registration if space is available.

For more information please contact the aquatics department
at 870-862-5442 ext. 40 mking@sharefoundation.com

HealthWorks Fitness Center
304 N Madison
El Dorado AR 71730
Phone: 870-862-5442 x 40
Fax: 870-862-9922

SWIM SCHOOL PROCEDURES & PARENT TIPS:

1. Use the family locker rooms when bringing your child for swim lessons, use the bathroom shower before class begins. All participants will need a swimsuit and towel.
2. Re-adjusting goggles and taking them off and on can waste a lot of time. Please bring a good pair of goggles only if the child is used to wearing them.
3. Please secure long hair with a hair tie or a swim cap. This will save time and promote proper swim technique.
4. Children under the age of 3 years must wear swim diapers with a swim suit. Disposable diapers may be purchased at the front desk. **Do not** bring your child to swim if they have diarrhea.
5. At the beginning of every scheduled lesson(private or group), the participant must be ready to swim and be seated at the bleachers in the pool area at least 5 minutes before the class begins. The instructors will greet the participants, provide a water safety lesson and then dismiss the group to their individual swim classes.
6. On the first day of class, participants are evaluated to assess their ability and placed in the most appropriate class for them. Adjustments may be made to ensure that the swim class suits your child's ability. If you think your child is placed in the wrong swimming level, please speak to the Assistant or Aquatics Director.
7. Some children may display parent anxiety. The best thing for your child is to let the aquatic staff try to work through this with your child. We ask that all parents of participants in the swim lesson program sit in the lobby area once your child is transitioned into their swim lesson.
8. In order to prevent outer ear infections, swimmers-ear can be dropped in each ear after swimming. This may be purchased at Wal-Mart or Walgreens. Please check with your doctor first. Towel drying and blow drying also helps to dry the ears.
9. There must be a minimum of 2 children per group lesson. We reserve the right to reschedule a class due to low enrollment, ill instructor, or severe inclement weather. If a class must be canceled you will receive a notification call or message prior to class. Classes cancelled will be made up.
10. Refunds or make up sessions will not be given for missed group lessons.
11. After the lesson is completed we ask that all participants get out of the pool at this time.
12. If you wish to sign up for Private Lessons those will be scheduled between you and an instructor after payment and registration is made
13. 24 hour cancellation notice is required to be able to make up a private lesson.
14. If you have any concerns or questions, please speak to the instructor after class or contact the Asst. Aquatics Director Meagan King at 870-862-5442 Ext. 40



SWIM SCHOOL ENROLLMENT FORM

Payment in full must accompany registration form.

Please circle the package you desire. **All Private Lessons expire 3 months from the date of purchase.**

Private

OR

Group

After enrolling in private lessons,
an instructor will contact you to schedule your lessons.

Preferred Instructor _____

MONTH _____

Date / Time Preferences _____

LEVEL _____

Level / Other comments _____

****Member () Non-Member ()**

****TODAY'S DATE** _____

****FOR CONTINUED LESSONS ONLY ** STARRED SECTIONS NEED TO BE COMPLETED ****
FOR NEW LESSONS FILL OUT COMPLETELY

****STUDENT LAST NAME** _____ ****FIRST** _____ **Gender** _____ ****AGE** _____ **DOB** _____

****PARENT/GUARDIAN NAME** _____ ****PHONE** _____ **Work** _____

****EMAIL** _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Are there any medical concerns that would affect this class?

Medications _____

RELEASE, WAIVER, AND INDEMNITY OF CLAIMS: For and in consideration of the use or participation by me (or my child or children as identified above if a participant, collectively "child" whether one or more) in activities, classes, programs, events, parties, or instruction at HFC (as defined below), I, on behalf of myself (and my child if a participant), and my (and my child's) personal representatives, heirs, executors, administrators, agents, successors, and assigns, hereby release, waive, discharge, and hold harmless SHARE Foundation d/b/a HealthWorks Fitness Center ("HFC") and their officers, directors, employees, representatives, agents, successors, and assigns (collectively referred to as "Releasees"), from any and all liability, loss, claim, damage, demand, cause of action, or cost, on account of injury or death to my person or property, or person or property of my child, whether caused by the negligence of Releasees or otherwise, arising out of or related to my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC. I agree to indemnify the Releasees and each of them from any liability, loss, claim, damage, demand, cause of action, or cost they may incur due to my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC, whether caused by the negligence of the Releasees or otherwise. I assume full responsibility for my risk of bodily injury, death, property loss, or damage due to the negligence of Releasees or otherwise while I am (or my child is) participating in activities, classes, programs, events, parties, or instruction at HFC. I agree that this release, waiver, and indemnity applies regardless of the location of such activities, classes, programs, events, parties, or instruction. I further agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas, and that if any portion of this agreement and release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also agree that Releasees are not responsible or liable for articles that are damaged, lost or stolen in or about the premises of HFC. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE FOREGOING AND FULLY UNDERSTAND THAT IT IS A WAIVER AND RELEASE OF LIABILITY AND AN INDEMNITY AGREEMENT. I FURTHER UNDERSTAND THAT I AM WAIVING ANY RIGHT THAT I (OR MY CHILD) MAY HAVE TO BRING LEGAL ACTION TO ASSERT A CLAIM AGAINST THE RELEASEES, AND CONFIRM THAT ANY AND ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.

THIS IS A CONTINUING WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND IS BINDING UPON ALL PERSONS WHOSE SIGNATURES APPEAR BELOW AND SHALL APPLY TO ALL SUBSEQUENT USES OF HFC AND ITS FACILITIES AND PROGRAMS UNTIL REVOKED IN WRITING BY THE UNDERSIGNED.

Upon signing this waiver, I represent and warrant that: (a) I am at least 18 years of age and otherwise competent to execute this agreement, and (b) (1) I am a legal and competent parent or guardian who has signed this agreement on mine and my child's behalf, or (2) I am legally authorized to execute this agreement on behalf of the child identified above. I hereby accept responsibility for myself and my child regardless of participation in activities. I also understand that I am responsible for all minor children within my care during my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC.

Signature (18 and over) _____

Date _____

HFC Staff Signature _____

Date _____