

WEST WINDSOR WATERWORKS

2024 SWIM LESSON SCHEDULE

DATES: **SESSION 1** **JUNE 24 – JULY 5** **Monday-Friday**
 SESSION 2 **JULY 8 - JULY 19** **Monday-Friday**

FEES FOR SWIM LESSONS:

WATERWORKS POOL MEMBER: **\$155.00** per Session, per Person

NON-WATERWORKS POOL MEMBER: **\$175.00** per Session, per Person

(To receive Member Rate you must be a Pool Member at time of registration.)

SESSION 1 and 2

8:00-8:40 AM **LEVEL 1**

8:00-8:40 AM **LEVEL 2**

8:00-8:40 AM **LEVEL 3**

SWIMMING COURSE DESCRIPTIONS

Level 1

Students should to be comfortable in and around the water. Instruction includes supported float on front and back, supported kicking on front and back, entering and exiting of pool, submerging face, blowing bubbles, and water safety.

Level 2

Students will begin to learn fundamental swimming skills. Instruction includes submersion under water, floating and gliding on front and back, unsupported flutter kicking on front and back, introduction to front, back crawl, and water safety.

Level 3

Students will begin learning strokes and build upon the skills learned in Level II. Instruction includes jumping into deep water, introduction to diving, coordinating front and back crawl, introduction to elementary backstroke, treading water, and water safety.

WATERWORKS - 2024 SWIM LESSON REGISTRATION FORM

Name of Participant: _____

Address: _____

City, State, Zip Code _____

E-mail address: _____
(Needed for confirmation e-receipt and any updates for Swim Lessons)

Home Phone: _____ Cell Phone: _____

Emergency Contact & Phone: _____

Birth Date: _____ Age: _____ Male/Female: _____ Grade in Sept: _____

Name of Class/Level _____

Session 1 _____ Session 2 _____
(June 24-July 5) July 8 – July 19)

Fee _____ to receive Member rate you MUST be a member of WaterWorks before registration).

I _____ realize there is a risk of being injured that is inherent in all sports.
(Participant/parent if participant is under 18).

I realize the risk of injury may be severe, including the risk of fractures, brain injuries, or even death. I understand this and wish (my child) to participate in the above programs.

Parent/Guardian Signature _____ Date _____

Refund Policy: A 20% administrative fee will be deducted from all refunds. **Refunds will be given only if requested in writing 2 weeks prior to the start of each session (NO refunds will be given after that time).**

Please make checks payable to: **West Windsor Township**

Mail or hand-deliver to: West Windsor Township Recreation Department
271 Clarksville Road – P.O. Box 38 - West Windsor, NJ 08550

DATE PROCESSED: _____ PAYMENT AMOUNT: _____ CHECK#/CASH: _____