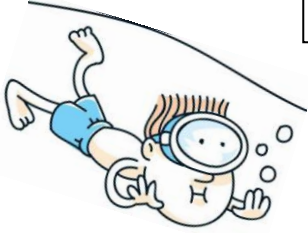


Kodiak School Community Pool Summer Swim Lessons

Swim Lesson sessions are 2 weeks each.
Classes are Monday, Wednesday, and Friday at 3:15 or 4:15.
Cost is \$30 per class.



Session 1	Session 1	Session 2	Session 2	Session 3	Session 3	Session 4	Session 4
<u>June 6-17</u>	<u>June 6-17</u>	<u>June 20- July 1</u>	<u>June 20- July 1</u>	<u>July 11-22</u>	<u>July 11-22</u>	<u>July 25- Aug 5</u>	<u>July 25- Aug 5</u>
3:15	4:15	3:15	4:15	3:15	4:15	3:15	4:15

Pre-School – Non swimmers Ages 3-5	<input type="checkbox"/>	No Class	No Class	<input type="checkbox"/>	<input type="checkbox"/>	No Class	No Class	<input type="checkbox"/>
Pre-School – Beginning swimmers Ages 3-5	No Class	<input type="checkbox"/>	<input type="checkbox"/>	No Class	No Class	<input type="checkbox"/>	<input type="checkbox"/>	No Class
LEVEL 1 – Non & Beginning swimmers Ages 6 & Up	<input type="checkbox"/>	No Class	No Class	<input type="checkbox"/>	<input type="checkbox"/>	No Class	No Class	<input type="checkbox"/>
LEVEL 2 – Not afraid of water, can glide/float, swim a little, & go under water	No Class	<input type="checkbox"/>	<input type="checkbox"/>	No Class	No Class	<input type="checkbox"/>	<input type="checkbox"/>	No Class

KKF is offering level 3 and 4. Visit Kodiak-Kingfisher.com for more information.
Children may sign up for non-consecutive sessions

Fee: \$30 (Please return complete form to the Pool)

Name _____ Birth Date _____
 Mailing Address _____ Age _____
 E-mail Address _____ Home Phone _____
 School Grade this Fall _____ Cell Phone _____ Work Phone _____

I, the parent of the child named above, give my approval for his/her participation in swimming lessons. I assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors, the organizers, supervisors and instructors for any claim arising out of any injury to my child, whether the result of negligence or for any other cause other than willful/wanton misconduct. I also authorize emergency medical treatment at my cost at the discretion of the program instructor/supervisor. I also understand that this program does not carry medical insurance.

Parent's Signature _____ Date _____
 Parent's Names Printed _____

Office use only: Amount paid: _____ Cash _____ Check _____ Check No: _____
 Date Paid: _____ Staff Initials: _____ Session # _____ Level _____ Entered _____