

# Kodiak School Community Pool Summer Swim Lessons

Swim Lesson sessions are 2 weeks each with  
Classes on Monday, Tuesday & Thursday at 4:15 p.m. or 5:15 p.m.



	Session 1 <u>June 3-13</u> 4:15	Session 1 <u>June 3-13</u> 5:15	Session 2 <u>June 17-27</u> 4:15	Session 2 <u>June 17-27</u> 5:15	Session 3 <u>July 8-18</u> 4:15	Session 3 <u>July 8-18</u> 5:15	Session 4 <u>July 22- Aug 1</u> 4:15	Session 4 <u>July 22- Aug 1</u> 5:15
<b>Pre-School Beginner</b> — 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"/>
<b>Pre-School Advanced</b> — Beginners comfortable in water - Ages 3-5	No Class	<input type="checkbox"/>	<input type="checkbox"/>	No Class	No Class	<input type="checkbox"/>	<input type="checkbox"/>	No Class
<b>LEVEL 1</b> — 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"/>
<b>LEVEL 2</b> — 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

Please check the Kodiak Kingfisher website for level 3 & 4 availability

<https://www.teamunify.com/team/akkksc/page/home>

Participants can register for 1 session, other desired sessions will be waitlisted.

*Waitlist participants do not have to make a payment until a spot is made available for them.*

**Fee: \$40 (Cash or Check Only) return completed forms to the TEEN CENTER!**

Swimmer Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_ Swimmer Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ School Gr in Fall \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact # \_\_\_\_\_

I, the parent/guardian 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office use only:** Amount paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check No: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ WAITLIST # \_\_\_\_\_ Session # \_\_\_\_\_ Level \_\_\_\_\_ Entered \_\_\_\_\_