



2019 "LEARN TO SWIM" PROGRAM

Swim Lessons sponsored by the Recreation Department and the Delta County Chapter of the American Red Cross at the Esplanade Municipal Beach

Monday, July 8th through Friday, August 9th

Program Objectives: The Esplanade Recreation Department offers students of our City an opportunity to take advantage of swim lessons at a very modest cost. Regular attendance in the "Learn to Swim" program will make it possible for students to swim properly and prepare them for waterfront emergencies.

Instruction Levels: Certified Water Safety Instructors will teach swim lessons in 7 major skill levels:

- Level I (see notes below) - Water Exploration = Beginners - for boys and girls 6 years of age and up
 - Level II (see notes below) - Primary Skills = Beginners - elementary, junior high and high school
 - Level III - Stroke Readiness = Advanced Beginners - for all age groups
 - Level IV - Stroke Development = Intermediates - for all age groups
 - Level V - Stroke Refinement = Swimmers - for all age groups
 - Level VI - Skill Proficiency = Basic Water Safety/Emergency Water Safety
 - Level VII - Advanced Skills = Basic Water Safety/Emergency Water Safety
- Level I = Beginners also taught at Wading Pool for 3 to 6 year olds*
Level II = Beginners will include a class for older elementary and Junior High age students

All students will be tested in their first class session to insure proper placement. The American Red Cross level designations will be utilized.

Program Location/Length/Schedule: The "Learn to Swim" program will begin on Monday, July 8th and concludes on Friday, August 9th, for a five week period; all lessons are at the Esplanade Municipal Beach located on Aronson Island in Ludington Park.

Program Time: Instructions held **Monday, Wednesday, and Friday from 11:00 a.m. – 11:50 a.m. In an effort to minimize program cost, please keep this sheet, as this is the only notification you will receive regarding class schedule.**

Eligibility: All persons currently 6 years of age and older are eligible to enroll; children must be 6 years of age by August 1st.

City of Esplanade Recreation Department programs, activities & facilities are available to persons regardless of ability or disability. Every effort will be made to make programs and facilities accessible to the handicapped.

Registration: Parents may register students at the Catherine Bonifas Civic Center, 225 N. 21st Street, Esplanade. **Registration deadline** is Friday, June 21st, at 4:00 p.m. Registrations received after June 22nd, cannot be guaranteed placement. Every effort will be made to place all students.

Fee: A \$30 fee is due and payable at registration time to help defray the cost of operating the program.

It is the policy of the City of Esplanade to make recreation programs available to the youth of the community. Lack of family income will not be a barrier to participation.

Class Size: In an effort to improve the quality of the program, class sizes will be apportioned appropriately to permit greater teacher - student contact and more individualized instruction.

For further information, contact the Recreation Department Office at 786-4141.

**2019 "LEARN TO SWIM" PROGRAM
REGISTRATION FORM**

NAME: _____ **AGE:** _____ **DATE OF BIRTH:** _____
Print Clearly Must be 6 Years by 8/1/19

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE #: _____ **EMERGENCY PHONE #:** _____

PARENT/EMERGENCY CONTACT NAME: _____

PLEASE MARK THE APPROPRIATE SPACES: Please put a ✓ in box.

Student has not enrolled in swim lessons.

Student has taken swim lessons in the past. Highest Level Completed: _____

Please give other information, if any, that may have a bearing on the student's level of placement:

PERSONAL INFORMATION:

Please explain any *medical problems* which should be brought to the attention of the instructor:

Please explain any *difficulties* such as fear of water or traumatic experiences with water, etc.:

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FOR SPORTING EVENT
PARENT-GUARDIAN WAIVER FOR MINOR**

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN, DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY, AND AGREES TO THE FULLEST EXTENT PERMITTED BY LAW TO SAVE, HOLD HARMLESS AND INDEMNIFY THE CITY OF ESCANABA, THEIR ELECTED AND APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL LIABILITY, LOSS, COST, CLAIM, OR DAMAGE WHATSOEVER, INCLUDING BODILY INJURY OR DEATH, WHICH MAY BE IMPOSED UPON OR INCURRED BY THE CITY OF ESCANABA BECAUSE OF THE PARTICIPATION OF THE MINOR IN THIS EVENT. BY SIGNING BELOW, YOU ALSO AGREE TO RELEASE SAID PARTIES IN THIS REGARD ON BEHALF OF BOTH THE MINOR AND THE PARENTS OR LEGAL GUARDIAN.

Minor: _____ Age: _____

Parent or Legal Guardian: _____

Signature: _____ Dated: _____

Please complete Consent to Medical Treatment of Minor on reverse side of this form.

For Office Use Only

\$ Paid: _____ Cash/Check #: _____ Date: _____ Received By: _____

Class is \$30

Notes: _____

Registration # _____

CONSENT TO MEDICAL TREATMENT OF MINOR

If the applicant is under 18 years of age, the parents or guardians must execute this document.

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by, or illness of, said minor while he/she is/was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries to, or illness of, said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf, of that of the minor, to save, hold harmless and indemnify the City of Escanaba, its elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever that may be imposed upon or incurred by said parties because of the participation of the minor in the event shown, and does release said parties on behalf of both the parents or legal guardian.

Event: Learn to Swim Program

Name of Minor: _____

Names of Parents or
Guardian: _____

Address: _____ City/State: _____

Phone: _____

Parent or Guardian's
Signature: _____

Date: _____