

Summer 2007 Sessions

Times for All Sessions:

Preschool (age 2 1/2-5): 10:30-11:00 A.M.
Children (age 6-16): 11:15 A.M. -12:00 P.M. or
12:15 P.M. - 1:00 P.M.

Week 1 / June 11-14

Week 2 / June 18-22

Week 3 / June 25-29

Week 4 / July 23-27

Week 5 / July 30-August 2

- Each Week consists of 4 classes: Monday - Thursday and we strongly suggest at least 2 consecutive weeks.
- Cost for Preschool and Children Sessions is \$35 per week, per participant.
- There is a one-time per year \$10 per family registration fee. This includes a SwimAmerica Swim School T-shirt, program award system and plenty of goodies.

On Site Registration:

May 26, 9 A.M. -12 P.M. &

June 3, 9A.M. -12 P.M.

Nautics Hall

Elizabethan Inn

814 Hwy 64; Manteo, NC

or

Make checks payable to:

SwimAmerica and

mail along with completed

registration form to

P.O. Box 1028

Nags Head, NC 27959

Questions? Please contact Craig Bialorucki

252-599-SWIM or

obxswimamerica@gmail.com

**SwimAmerica Swim School
Summer 2007 Registration Form**

Parent or Guardian

Address

Home Phone

Work Phone

Email address

Student Name

Age

Week Number & Time

T-Shirt Size: CS, CM, CL, AS, AM, AL

Condition / Medication, Etc.

How did you hear of us?

Existing Swim America Family _____ Newspaper _____ Other _____

If the referral is from an existing SwimAmerica Family, please provide their name so that we may send them their \$5 off coupon. (Remember, if you bring a friend, you are eligible for this discount also)

Name

SwimAmerica Release Statement:

I hereby give my consent for the attached name participant to participate with the SwimAmerica lesson program. I authorize SwimAmerica to obtain through a physician of the local administration of SwimAmerica program choice, any emergency care that may become reasonably necessary for the participant in the course of such activities. I understand and agree that the SwimAmerica Association and Nautics Hall Health & Fitness, their trustees, officers, representatives, employees or contractors shall be free of any liabilities or claims for damages arising by any reason of injuries to anyone in the course of such activities. I expressly agree to waive claim as condition of being allowed to participate.

Signature of parent or guardian

Date

SwimAmerica Policy Statement

I understand that if I (or my child) am (is) ill during registered class days or time, I must inform the program director or site supervisor before said class. Class makeup will be allowed for illness only if a physician's note is received by the program director or site supervisor. At that time, a letter will be sent to the class participant giving credit for the allowed makeup day. No refunds will be given at any time.

Signature of parent or guardian

Date

Please make checks payable to SwimAmerica and mail along with completed registration form to:

P.O. Box 1028 Nags Head, NC 27959

Questions? Please contact Craig Bialorucki at 252-599-SWIM or email obxswimamerica@gmail.com