

# Learn to Swim Program

By Premier Recreation: 512-591-0194

## COST: \$55

### 2019 SWIM LESSONS:

Eight Lessons, Monday – Thursday, 30 minutes each. Friday used as makeup day if necessary.

Teacher to Student ratio – 1:5 MINIMUM, of three (3) students per class

#### Session 1: June 3 - June 13

Pre-school Level 1  10:15 am  10:55 am  11:35 am  
 6:30 pm

Pre-school Level 2  10:55 am  4:30 pm  6:30 pm

Pre-school Level 3

Level 1  10:15 am  4:30 pm

Level 2  11:35 am  12:15 pm  5:10 pm  6:30 pm

Level 3  11:15 am  5:50 pm  6:30 pm

Level 4

#### Session 2: June 18 - June 28

Pre-school Level 1  10:55 am  4:30 pm  6:30

Pre-school Level 2  10:15 am  4:30 pm  5:50 pm

Pre-school Level 3  11:35

Level 1  10:15 am  5:10 pm  5:50 pm

Level 2  11:35 am  6:30 pm

Level 3  10:55 am  5:10 pm

Level 4

#### Session 3: July 8 - July 18

Pre-school Level 1  10:55 am  5:10 pm

Pre-school Level 2  10:15 am  4:30 pm  5:50 pm

Pre-school Level 3  4:30 pm

Level 1  6:30 pm

Level 2  10:55 am  5:50 pm

Level 3  10:15 am  11:35 am  5:10 pm  6:30 pm

Level 4  11:35 am

#### Session 4: July 23 – August 2

Pre-school Level 1  11:35 am  5:10 pm

Pre-school Level 2  10:15 am  5:50 pm

Pre-school Level 3  10:55 am  4:30 pm

Level 1  5:10 pm

Level 2  11:35 am  4:30 pm  6:30 pm

Level 3  10:15 am  6:30 pm

Level 4  10:50 am  5:50 pm

*We reserve the right to eliminate or combine class times if there are not enough students signed up to fill a class at a particular time. Instructors will evaluate the student's skills and student may be moved to another class level.*

### Swim Lesson Registration

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Behavioral Concerns: \_\_\_\_\_

#### Waiver for Participation

In consideration of permission granted to me or my child to engage in recreational activities, I, the undersigned, on behalf of myself, my heirs, executors, administrators and assigns, do hereby release and discharge Premier Recreation Management Services, its employees, officers, assigns and volunteers for any and all injuries suffered by myself and my child, claims, demands, actions, judgments and executions, which might occur on North Austin M.U.D. #1 premises and/or during Premier Recreation sponsored activities. I recognize and voluntarily accept all of the potential risks and hazards associated with participating in said activities, no matter how remote and unlikely. Further, I recognize the inherent danger involved in such activities and take full responsibility for my actions and physical condition. I hereby consent to receive medical treatment and hereby consent on behalf of my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the event. I do hereby grant and give these groups the right to use my or my child's photograph or image with or without my or my child's name, both single and in conjunction with any persons or objects for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating thereto without compensation. I warrant that I have the right to authorize the foregoing uses and do hereby agree to hold the North Austin M.U.D. #1 and Premier Recreation harmless of and from any and all liability of whatever nature, which may arise out of result of such uses. Premier Recreation reserves the right to cancel this agreement or make a decision on any situation not covered herein. I hereby acknowledge that he/she has read and agrees to comply with the terms and conditions of this agreement. For the consideration stated above, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify any, all or any combination of the aforesaid, jointly and severally and to hold harmless from and against any and all actions, claims, demands, liabilities, loss damage or expense of whatever kind of nature, including attorney's fees, which may at any time be incurred by reason of my preparation and/or participation in recreational activities and reservations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Turn in Swim Lesson request at Rattan Creek Pool Office  
7617 Elkhorn Mountain Trail