



OCTOBER

Group Swim Lessons

<u>Class Description</u>	<u>Day/Time</u>	<u>Member</u>	<u>Non-Member</u>
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Parent/Child (6 month - 3 yrs) (1:10 instructor to parent/child pair ratio)	Saturdays 9-9:45 am Oct. 7, 14, 21, 28	\$35	\$45
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The instructor and the parent introduce basic water skills to the child such as blowing bubbles, breath control, kicking, and floating. This class focuses on water orientation and encourages the parent and child to trust each other and have fun in the water. **Adult must be in the water with the child for the entire class (no exceptions).**

Beginner (no age requirement) (1:5 instructor to participant ratio)	Saturdays 10-10:45 am Oct. 7, 14, 21, 28	\$40	\$50
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Preschool Beginner (2-5 yrs) (1:5 instructor to participant ratio)	Fridays 11-11:45 am Oct. 6, 13, 20, 27	\$40	\$50
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A beginning level class focused on becoming proficient in the fundamental building blocks of swimming and water safety to include: floating independently, jumping in the water, being submerged and returning to the wall safely, and working on freestyle/front crawl.

Intermediate (1:5 instructor to participant ratio)	Saturdays 9-9:45 am Oct. 7, 14, 21, 28	\$40	\$50
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	Thursdays 3:15-4:00 pm Oct. 5, 12, 19, 26	\$40	\$50
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An intermediate level class with a focus on side breathing, where swimmers continue to build swimming skills to include freestyle and backstroke. Must be able to tread water for 30 sec and swim some freestyle independently while taking a breath

Advanced - Stroke Clinic (1:5 instructor to participant ratio)	Saturdays 10-11 am Oct. 7, 14, 21, 28	\$45	\$55
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Advanced stroke clinic participants must be able to swim at least 25 yards (1 lap) without stopping and including side breathing of freestyle, backstroke, and be working on breaststroke and butterfly.

Classes must have 5 participants in order to hold the class. If there are less than 5, the swim instructors reserve the right to combine classes with similar goals and abilities or cancel or reschedule the class

Swimmer's Information

Member: Non-Member:

Name: _____ Date of Birth: _____

Parent's Name: _____ Phone Number: _____

Home Address: _____ Email Address: _____

Credit/Refund Policy: No refunds will be given unless documented medical reasons prevent an individual's participation. A credit may be given if Coastal Fitness Center cancels a lesson(s). If the lesson is cancelled or is combined with a similar class and the participant is unable to attend, a credit will be given. Programs cancelled for inclement weather will be made up, if possible, but participants may not receive a credit or a refund. If a credit is issued, the credit is only good for six (6) months from the credit issue date.

Parent/Guardian Signature: _____ Date: _____

Amount Paid: _____ Cash Credit Card Check Received by: _____