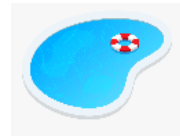




Swimming Lessons POOL OPENS Saturday, June 4th!



Red Cross swimming lessons will be conducted at the Wells swimming pool. Lessons are 40-45 minutes and run for two weeks per session. Lessons are conducted Monday - Friday. **The fee for lessons is \$30.00. NO REFUNDS.**

Session Dates:

Session 1: June 13 – June 24
Session 2: July 11 – July 22
Session 3: Aug. 1 – Aug. 12

Classes will be held at the following times:

10:00 am – 10:45 am
11:00 am – 11:40 am
11:45 am – 12:30 pm

Swimming Lesson Levels:

Level 1 – Introduction to water skills
Level 2 – Fundamental aquatic skills
Level 3 – Stroke development
Level 4 – Stroke improvement
Level 5 – Stroke refinement
Level 6 – Swimming and skill proficiency

YOU WILL ONLY BE CONTACTED BY POOL STAFF IF YOUR FIRST CHOICE IS NOT AVAILABLE.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	7:00 – 8:00		7:00 – 8:00			
	Lap Swim		Lap Swim			
10:00-12:30	10:00-12:30	10:00-12:30	10:00-12:30	10:00-12:30		
Lessons	Lessons	Lessons	Lessons	Lessons		
12:30-1:30	12:30-1:30	12:30-1:30	12:30-1:30	12:30-1:30		
Adult Swim	Adult Swim	Adult Swim	Adult Swim	Adult Swim		
1:30-5:00	1:30-5:00	1:30-5:00	1:30-5:00	1:30-5:00	12:30-5:00	12:30-5:00
Open Swim	Open Swim	Open Swim	Open Swim	Open Swim	Open Swim	Open Swim
5:00-6:00	5:00-6:00	5:00-6:00	5:00-6:00	5:00-6:00		
Family Swim	Lap Swim	Family Swim	Lap Swim	Family Swim		
6:30-8:30	6:30-8:30	6:30-8:30	6:30-8:30	6:30-8:30	6:30-8:30	6:30-8:30
Open Swim	Open Swim	Open Swim	Open Swim	Open Swim	Open Swim	Open Swim

Pool may be closed without notice at the discretion of the management

(return this portion)

2022 City of Wells Swimming Lesson Sign Up

The fee for Swimming Lessons is \$30.00

Child's Name _____

Age _____

Parent/Guardian Name _____

Address _____

Phone Number _____

Email Address _____

Class Level _____

Session _____

First Choice Time _____

Second Choice Time _____

PARENTAL CONSENT FORM

I give permission for my child _____ to participate in the City of Wells Swimming Lessons and agree to release any and all persons supervising and assisting in the program from any liability for injuries that my child may sustain while participating in the program. I also understand that I will assume all financial responsibility for any medical expenses that may be required to treat injuries sustained while participating in this activity. In the event that I am unable to be contacted, I hereby give permission to provide emergency first aid and/or medical care for my child.

In case of emergency, please notify _____

(Name)

(Phone Number)

Parent's Signature _____