



2018 PLATEAU CLUB

SWIM LESSONS

YOUTH GROUP LESSONS AGES 4-12

Youth group lessons cost \$80/person and will be taught in two week sessions, with 30-minute lessons held Monday-Thursday. Swimmers will be expected to demonstrate the following skills in order to pass each level:

Level 1: Water Exploration

- Fully submerge face in water
- Front and back float with support
- Kicking on front and back with support
- Enter and exit water independently
- Paddle on front and back to flags (5 yards)

Level 3: Stroke Readiness & Development

- Swim the front crawl for 25 yards
- Swim the back crawl for 25 yards
- Jump into 11 foot water and resurface independently
- Back arrow and front arrow 15 yards
- Treading water for 2 minutes
- Breaststroke introduction

Level 2: Primary Skills

- Float on front and back unsupported for 5 sec
- Swim on front for 10 yards
- Swim on back for 10 yards
- Retrieve objects under water in the 5 foot area
- Introduction to treading water

Level 4: Strokes & Dive Lessons

- Standing dive from the edge of the pool
- Elementary backstroke for 25 yards
- Front and back crawl for 75 yards
- Breaststroke for 25 yards
- Introduction to butterfly
- Endurance swimming
- Deep water submersion

Lesson Schedule

MONDAY-THURSDAY

Session 1: June 25-July 6*

Session 2: July 9-July 19

Session 3: July 23-August 2

Session 4: August 6-August 16

*Wednesday, July 4 class will be made up on Friday, July 6.

LEVELS 1 & 2

11:00-11:30am

11:00-11:30am

10:00-10:30am

10:35-11:05am

LEVELS 3 & 4

11:35am-12:05pm

11:35am-12:05pm

10:00-10:30am

10:35-11:05am

PRIVATE LESSONS & SEMI-PRIVATE LESSONS

Private and semi-private lessons are available by reservation only. Please inquire at the Recreation Center reception desk or by contacting Recreation Manager, Joan Hatfield.

Private lessons: \$35 per person/half-hour

Semi-private lessons: \$25 per person/half-hour

Swim Lessons Registration 2018

Parent Name(s): _____ Primary Phone: _____ Email: _____

Swimmer #1: _____ Age: ___ Gender: M / F Swimmer #2: _____ Age: ___ Gender: M / F

Swimmer #3: _____ Age: ___ Gender: M / F Swimmer #4: _____ Age: ___ Gender: M / F

Session	Dates	Level 1	Level 2	Level 3	Level 4
		11:00-11:30am	11:00-11:30am	11:35am-12:05am	11:35am-12:05am
Example	June 25 - July 6	#2 & #3		#1	
#1	June 25 - July 6*				
#2	July 9 - July 19				
		10:00-10:30am	10:00-10:30am	10:35-11:05am	10:35-11:05am
#3	July 23 - August 2				
#4	August 6 - August 16				

*Wednesday, July 4 class will be made up on Friday, July 6.

Notes:

Participation Agreement

Program Pricing: Please see the Summer Program Registration Packet for details on standard pricing & late registration.

Cancellation Policy: Cancellations must be made the Friday before the program start date. Members canceling after will be charged 50% of the program cost.

Payment Method (Select One):

Member Account Charge
(Account Billed at Program Start Date)

Credit Card
(Pay in Advance at Front Desk)

Personal Check
(Please Enclose with Registration Material)

Parent Signature: _____ Date: _____

Please note that we cannot consider your registration complete until we have received your **Program Registration Form** (this form), your **Medical Release Form & Liability Waiver** and (if your child is attending Summer Camp) your **Acknowledgment of Rules/Field Trip Permission Form**.

To Be Completed By Recreation Staff

Universal Program Forms Received: Plateau Club Medical Release Form Plateau Club Liability Waiver

Swim Lessons: Acknowledgment of Rules/Field Trip Permission Received

Any Late Registration? YES NO QTY Full Week Late Reg: _____

Any Guests? YES NO QTY Guest Full Weeks: _____

Assistants Needed? YES NO QTY Assistants Needed: _____ (Preschool lessons: Need if no adult helper)

Received By: _____ Date: ____ / ____ / _____ Reservation Recorded on Computer

2018 Health Information Medical Release Form

This form applies to all summer programs for the Recreation Center including swim team, swim lessons, tennis lessons and summer camp. One copy of this form must be completed per family prior to program participation.

Child's Name: _____ DOB: ____ / ____ / _____

Child's Name: _____ DOB: ____ / ____ / _____

Child's Name: _____ DOB: ____ / ____ / _____

Child's Name: _____ DOB: ____ / ____ / _____

Have you child(ren) had a tetanus booster within the past 10 years? YES NO

Have your child(ren) received all appropriate vaccination for their age(s) as required by the WA State DOH for school attendance? (This includes HepB, DTap/DT/Td/Tdap, IPV, MMR, etc.) YES NO

Does your child(ren) take any medication that (may) need to be administered during their participation in Plateau Club summer programs? *If yes, please attach instructions for administration.* YES NO

Does your child have any known allergies or reactions to medication? YES NO

If yes, please specify: _____

Are there any other medical issues that should be noted? YES NO

If yes, please specify: _____

Primary Care Physician: _____ Phone Number: _____

Group/Office Location: _____

Insurance Carrier: _____ Policy Number: _____

Policy Holder's Name: _____ DOB: ____ / ____ / _____

Parent(s)/Guardian(s): _____ Home Number: _____

Billing Address: _____

Alternate Phone 1: _____ (work / cell) of _____ (Parent contact)

Alternate Phone 2: _____ (work / cell) of _____ (Parent contact)

I, _____ (print name), request that in the event of an emergency, the above named participant(s) be admitted to any hospital or medical facility for diagnosis and treatment. I authorize physicians, dentists, and other medical staff to perform any necessary diagnostic, treatment and/or operative procedures of the above minor. I assume all responsibility for any charges incurred in the event that the participant(s) should need any medical attention; this includes all costs associated with transportation, rescue and other related expenses. I understand that should my child need immediate medical attention, and an emergency contact cannot be reached, an ambulance will be called to transport my child(ren) to a medical facility. I release the Plateau Club, and its team members, from any and all claims for personal injury the participant(s) may suffer during their involvement in Plateau Club programs.

Signature: _____ Date: _____

2018 Plateau Club Release From Liability Waiver

This form applies to all summer programs for the Recreation Center including swim team, swim lessons, tennis lessons and summer camp. One copy of this form must be completed per family prior to program participation.

Child's Name: _____ DOB: ____ / ____ / _____

Child's Name: _____ DOB: ____ / ____ / _____

Child's Name: _____ DOB: ____ / ____ / _____

Child's Name: _____ DOB: ____ / ____ / _____

If we are unable to contact you in the event of an emergency, please provide two Emergency Contacts:

Emergency Contact: _____ Phone: _____ Relation: _____

Emergency Contact: _____ Phone: _____ Relation: _____

I release the Plateau Club, and its team members, from any and all claims for personal injury, property damage and other losses that participant(s) may suffer during the course of their participation in Plateau Club Recreation summer programming.

Initial: _____

I recognize that photographs and/or video recordings may be taken of my child(ren) during the course of their participation in Plateau Club summer programming. I grant permission of these photos to be used for the purpose of advertising, promotion and marketing of future Plateau Club summer programs, unless stated in writing to the Plateau Club.

Initial: _____

Plateau Club summer program staff may apply sunscreen to my child(ren) before their participation in outdoor and water activities. They will use either the sunscreen that I have provided or, if no sunscreen is provided, the SPF 30+ sunscreen supplied by the Plateau Club.

Initial: _____

I understand that my child is expected to obey the policies of Plateau Club camp counselors, lifeguards and program instructors during their participation in Plateau Club summer programs. The Plateau Club's disciplinary procedure is to issue two warnings, followed by a 15 minute break from activities. If misbehavior continues, an incident report form will be sent some. Should the issue not be successfully resolved, I understand that I may be contacted to pick my child up from the Plateau Club.

Initial: _____

The Plateau Club may release my child(ren) to the following person(s):

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

I have read and fully understood the above information.

Signature: _____ Date: _____