CITY OF ST JOHNS RECREATION
SPRING SWIMMING LESSON
REGISTRATION FORM

Swimming Lessons
Registrations for swimming lessons are being accepted now through April 7. Classes take place at the St. Johns High School Pool. Instruction and testing are conducted based on the guidelines of the American Red Cross Swim Program. Children should be able to enter the water without their parents and be able to follow instructions.

Class Descriptions
Level 1: Introduction to Water Skills: helps students feel comfortable in the water and to enjoy the water safely.
Level 2: Fundamental Aquatic Skills: gives students success with fundamental skills.
Level 3: Stroke Development: builds on the skills in Level 2 by providing additional guided practice.
Level 4: Stroke Improvement: develops confidence in the strokes learned and to improve other aquatic skills.
Level 5: Stroke Refinement: provides further coordination and refinement of strokes.
Level 6: Swimming and Skill Proficiency: refines the strokes so students swim them with ease, efficiency, power and smoothness over greater distances. Level 6 is designed with "menu" options. Each of these options will focus on preparing students to participate in more advance courses, such as Water Safety Instructor and Lifeguard Training. These options include: Personal Water Safety, Lifeguard Readiness, Fundamentals of Diving, and Fitness Swimming

SPRING SWIMMING LESSONS SCHEDULE
Class will meet Tuesday's and Thursday's from April-11 – April 27

4:15 p.m. - 4:45 p.m. Levels 1-2 (8), Levels 3-5 (4)
4:55 p.m. - 5:25 p.m. Levels 1-2 (8), Levels 3-5 (4)
5:35 p.m. - 6:05 p.m. Levels 1-2 (8), Levels 3-5 (4)
6:15 p.m. – 6:45p.m. Levels 1-2 (8), Levels 3-5 (4)
6:55 p.m. – 7:25 p.m. Levels 1 2 (4), Levels 3-5 (4), Levels 6 (4)

Registration is limited to 12 swimmers per class.

Program Fee: $20.00 City Resident
$27.50 Non Resident
Contact the Recreation Department at 224-8944 ext. 227 or 228 for more details.

Mail Registration Form to: City of St. Johns P.O. Box 477 St. Johns, MI 48879

Parent/Guardian Name_____E-mail Address_____

Address_____
City State Zip

Home Phone_____ Work_____

I would like to volunteer/coach for the following youth program. _____

I recognize that my participation in sporting activities and athletic competition subjects me to certain risks of physical injury. I hereby assume this risk as my own and all responsibility for any such injuries as they relate to said participation in sports/**recreational** activities on city property **or properties used for city recreational activities.** By signing this document I agree to waive any rights or claims I may have for damages arising from injuries I may receive while participating in recreational events sponsored or supported by the City of St. Johns and/or the St. Johns Recreation Department. I hold harmless the City of St. Johns and any of its employees or agents from all such claims, lawsuits, actions and/or damages.

Parent/Guardian Signature_____ Date_____

Participant's Name	Activity	Session/Date	Time	Grade	Level	Days	Program Fee	Total Fee