

SPLASH INTO SUMMER!



American Red Cross Swim Lessons Fee: \$30



SESSION DATES & DEADLINES

Session 1: June 17-27 (Registration Deadline: June 12)
Session 2: July 8-18 (Registration Deadline: July 3)

Lessons are held Monday through Thursday each week, with Fridays reserved for make-up days in case of weather cancellations.



Parent & Child Aquatics

Recommended age of 6 months to 3 years old. Parents will be in the water with their child during these lessons.

SESSION 1: 7:00-7:30 p.m.

SESSION 2: 11:00-11:30 a.m.

Level 1: Recommended for 6+

KEY GUIDELINES:

- Needs support/assistance
- Designed for youth who have a fear of the water or those who need support to complete skills

SESSION 1: 7:00-7:30 p.m.

SESSION 2: 11:00-11:30 a.m.

Level 2

KEY GUIDELINES:

- Can place face in water
- Can perform front & back float/glide without support

SESSION 1: 7:00-7:30 p.m.

SESSION 2: 11:00-11:30 a.m.

Level 3

KEY GUIDELINES:

- Comfortable in deeper water and strokes on the back
- Ready to learn head-first entry

SESSION 1: 7:00-7:45 p.m.

SESSION 2: 11:00-11:45 a.m.

Level 4

KEY GUIDELINES:

- Can use rotary breathing when performing front crawl
- Can swim at least 25 yards without support or assistance

SESSION 1: 7:30-8:15 p.m.

SESSION 2: 11:30-12:15 p.m.

Level 5

KEY GUIDELINES:

- Can swim at least 50 yards without support or assistance.
- Can tread water for 2 minutes
- Can demonstrate six strokes (front/back crawl, elementary backstroke, breaststroke, butterfly, sidestroke)

SESSION 1: 7:30-8:15 p.m.

SESSION 2: 11:30 a.m.-12:15 p.m.

Level 6

KEY GUIDELINES:

- Competent in all 6 strokes
- Passed skills tested in Level 5

SESSION 1: 7:30-8:15 p.m.

SESSION 2: 11:30 a.m.-12:15 p.m.

Private Lessons also available - inquire with staff at 663-6179.

Scholarships available to youth who qualify! (Must register in person at the Buhler Pool).

Lessons open to children with adaptive needs. Please let staff know at registration.

TO REGISTER: In person at the Buhler Pool -or - online at hutchrec.com!

REGISTRATION FORM

(One form per participant)



Participant's Name _____ Date of Birth _____ M _____ F _____

Parent/Guardian (if participant is under 18 yrs old) _____

Address _____ Main Phone _____
(Street) (City) (Zip)

E-Mail Address _____ Cell Phone: _____ Provider: _____
(E-mail address will remain with Hutch Rec) (Provide cell provider if you would like to receive text updates)

Activity #	Activity Name	Activity Date	Activity Fee

How did you hear about this program? (Check all that apply)

Past Participant Activity Guide Friend Email Radio Flyer Web site Newspaper

Please also complete the boxed section if you are enrolling for a youth TEAM sport:

School _____ Grade _____ Coach Request _____

Parents, will you be a volunteer coach? YES _____ NO _____ If yes, daytime phone # _____

Shirt Size: Youth 2-4 _____ 6-8 _____ 10-12 _____ 14-16 _____

Shirt Size: Adult SM _____ MD _____ LG _____ XL _____ XXL _____

RELEASE: I understand that injuries are a natural part of many recreation activities. In consideration of the permission granted, by Hutch Rec, to participate in above activity, I release Hutch Rec, its agents and employees from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against it and other above-described parties, for all personal injuries known or unknown which has or may incur by participating in the above-described activity.

MODEL RELEASE: The undersigned and participant authorize Hutch Rec to use at its discretion any photograph(s) and/or video(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) and/or video(s) or reproductions thereof.

MEDICAL RELEASE: In case of a medical emergency and I cannot be contacted, I give my permission for a Hutch Rec representative to act in my place and to make medical decisions concerning emergency treatment for the participant.

CONDUCT: The undersigned and participant agree to abide by all policies and guidelines set forth by Hutch Rec regarding this program and violations could result in being expelled from activity with no refund. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

List any medical/physical conditions or food allergies, if any: _____

Print Name _____ Signature _____

Parent/Guardian must sign release is participant is under 18 yrs old

**Hutchinson Recreation Commission 17 East 1st Avenue, Hutchinson, KS 67501 Telephone: (620) 663-6179
Fax: (620) 663-5111; E-mail: hutchrec@hutchrec.com; Website: www.hutchrec.com**

Receipt #: _____ Date: _____ Amount Paid: _____

Checks payable to Hutch Rec: Check # _____ -OR- Visa/MC/AmEx CC# _____ Exp: _____