

**WOLVERINE AQUATICS CLUB, INC.
SIERRA COLLEGE COMMUNITY EDUCATION
2010 SWIM LESSON REGISTRATION**

Child 1: _____ Age _____ Level _____
 Child 2: _____ Age _____ Level _____
 Child 3: _____ Age _____ Level _____

Parent's Name _____ Phone # _____

Street _____

City and Zip Code _____ Email address _____

Emergency/alternative contact name _____ Phone # _____

SKILL LEVELS

(Group Lessons – ages 3 & up) *

Level 1: Bubbles (water adaptation, face in water, holding breath)

Level 2: Floating (front & back)

Level 3: Kicking (front & back)

Level 4: Freestyle Basics

Level 5: Freestyle w/ breathing

Level 6: Backstroke

Level 7: Breaststroke & Butterfly

Level 8: Competition Skills

* Swimmers should review previous level if they have not been in the water since last summer.

Please indicate your time preferences by marking a "1", "2", or "3" by your preferred time slots.

Levels 1 & 2/ Private Lessons	Levels 3 – 8
_____ 4:00 PM	_____ 4:00 PM
_____ 4:20 PM	_____ 4:30 PM
_____ 4:40 PM	_____ 5:00 PM
_____ 5:00 PM	_____ 5:30 PM
_____ 5:20 PM	_____ 6:00 PM
_____ 5:40 PM	_____ 6:30 PM
_____ 6:00 PM	
_____ 6:20 PM	
_____ 6:40 PM	

SESSIONS

DATES

- | | |
|------------------------------------|----------------|
| <input type="checkbox"/> Session 1 | June 7-17 |
| <input type="checkbox"/> Session 2 | June 21-July 1 |
| <input type="checkbox"/> Session 3 | July 12-22 |
| <input type="checkbox"/> Session 4 | July 26-Aug.5 |

Lessons are Monday – Thursday for each session (\$75/session).

PARENT/TODDLER CLASSES

(Age 12 mos. – 2+)

- July 13 – Aug. 5 (8 classes)
 4:30 PM 5:30 PM

Classes are Tuesdays and Thursdays (\$75/session).

PRIVATE LESSONS

- Mon. & Wed. Tues. & Thurs.

Please indicate the session (above) and time preferences (left).
 Each session consists of four (4) 20 min. classes (\$75/session).

COST

- Each session is \$75.
- There is a \$20 annual registration fee per family.
- All fees are payable to Sierra College.

Wolverine Aquatics Club, Inc. (WAC) & Sierra College Community Education (SCCE) Release of Liability:

PLEASE READ CAREFULLY. THIS IS A RELEASE OF LIABILITY AND A WAIVER OF CERTAIN LEGAL RIGHTS.

By my signature below, I hereby give permission for my son/daughter to participate in swim lessons. I agree and understand that this activity is hazardous and recognize that there are risks inherent to the activity that could lead to serious injury, including but not limited to slipping on wet decks, paralyzing injuries and death, and I assume all risk for any such injury or death. As a condition of participation in the above-described activity, I agree to waive all claims against SSCE/WAC and to indemnify and hold SSCE/WAC, its Board, officers, agents, employees and coaches, harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against SSCE/WAC or that any other person or entity may have against SSCE/WAC due to any bodily injury, personal injury, illness or death, or because of any loss to property that may arise out of or in any way connected with the above-described activity. I hereby agree to use extreme caution and supervision on behalf of myself and my child at all times while participating in the program/activity. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree to pay all costs associated with the medical care and transportation. I have noted any medical/health problems that the staff should be aware.

I also understand that registration in this program constitutes permission for SCCE/WAC to use photos and videos taken during the course of business in promotional materials.

I have carefully read the above liability release and sign it with full knowledge of its contents and significance.

Parent/Guardian Signature _____ Print Name _____ Date _____
 Medical Condition _____

Policies: I agree to abide by and cooperate with WAC/SCCE policies. (Please see website for policy information). Refunds will be given for cancellations made seven (7) days before class start date, less a \$15.00 processing fee. Initials: _____ Date: _____

Please make checks payable to **Sierra College**. Mail completed form with your check to: **(Past participants only)**

Sierra College
 Community Ed.
 333 Sunrise Ave.,
 Ste. 300
 Roseville CA 95678

To charge your registration fee on MasterCard or VISA: \$ _____
 Card # _____ Exp. Date _____
 Signature _____

OFFICE USE ONLY			
□ \$20.00 registration fee (annual family membership fee)			Date rec'd _____
Session 1	Session 2	Session 3	Session 4
# of participants: _____ X	# of participants: _____ X	# of participants: _____ X	# of participants: _____ X
\$ _____ =	\$ _____ =	\$ _____ =	\$ _____ =
Total rec'd _____	Total rec'd _____	Total rec'd _____	Total rec'd _____
Check # _____	Check # _____	Check # _____	Check # _____

For more information:
Tel: (916) 780-SWIM (7946)
Fax: (916) 781-6257
www.WolverineAquaticsClub.com