The Fitness Center is excited to offer you American Red Cross Swim Lessons. The program addresses the needs of swimmers at all levels – from beginners to advanced – at all ages.

The Learn-To-Swim levels are appropriate for children ages 6 years of age and up. Swimmers under the age of 6 must register for the preschool lessons listed on the preschool Aquatics registration form.

Complete both sides please print! Only full paying swimmers will be placed on class rosters. Pre-registration for all current Winter 2018 swimmers will be from Mar 3-8th. Open registration for all new swimmers begins on Mar 9th.

<table>
<thead>
<tr>
<th>Participants Name</th>
<th>Age</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address</td>
<td>City/State</td>
<td>Zip</td>
</tr>
<tr>
<td>Name of Parent(s)</td>
<td>Mailing Address (if different from above)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level/Requirements/Fees</th>
<th>Spring 2018 Class Day and Dates (8 weeks)</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LTS Aquatics – Level 1</strong></td>
<td>Must be 6 years old and up to participate in class. Beginner swimmer willing to explore the water without parent. Member Fee: $55 Non-Member Fee: $72</td>
<td>❑ Tuesday – Mar 20, 27/ Apr 3, 10, 24/ May 1, 8, 15 (NO lessons Apr 17) ❑ Saturday – Mar 24/ Apr 7, 14, 21, 28/ May5, 12, 19 (NO lessons Mar 31st)</td>
</tr>
<tr>
<td><strong>LTS Aquatics – Level 2</strong></td>
<td>Must have passed Level 1 or enter water on their own, travel 5 yards, bob 3 times, exit water, front glide 2 body lengths, roll to back and recover to vertical position Member Fee: $55 Non-Member Fee: $72</td>
<td>❑ Tuesday – Mar 20, 27/ Apr 3, 10, 24/ May 1, 8, 15 (NO lessons Apr 17) ❑ Saturday – Mar 24/ Apr 7, 14, 21, 28/ May5, 12, 19 (NO lessons Mar 31st)</td>
</tr>
<tr>
<td><strong>LTS Aquatics – Level 3</strong></td>
<td>Must have passed Level 2 or step from side into chest deep water, front float for 5 seconds, roll to back, roll for 5 sec. and return to vertical position. Back float for 5 seconds, roll to front and recover to vertical position. Swim 5 body lengths using combined arm and leg actions, roll to back, float for 15 seconds, roll back to front and continue swimming 5 body lengths. Member Fee: $56 Non-Member Fee: $72</td>
<td>❑ Tuesday – Mar 20, 27/ Apr 3, 10, 24/ May 1, 8, 15 (NO lessons Apr 17) ❑ Saturday – Mar 24/ Apr 7, 14, 21, 28/ May5, 12, 19 (NO lessons Mar 31st)</td>
</tr>
<tr>
<td><strong>LTS Aquatics – Level 4</strong></td>
<td>Must have passed Level 3 or be comfortable in the deep end, can enter the water head-first from sitting and kneeling positions. Jump into deep water from the side, swim front crawl 15 yards, tread/float for 30 seconds and swim elementary backstroke for 15 yards. Member Fee: $56 Non-Member Fee: $72</td>
<td>❑ Saturday – Mar 24/ Apr 7, 14, 21, 28/ May5, 12, 19 (NO lessons Mar 31st)</td>
</tr>
</tbody>
</table>

Over for level 5/6
LTS Aquatics – Level 5/6 Combo
This class is intended for swimmers who can successfully complete the Level 4 exit skills and will address the skills contained in the Level 5 skill set while introducing Level 6 skills. Swimmers must have permission of the instructor to enroll in this level. Level 4 exit skills include: 25 yds of front crawl/25 yds of elementary backstroke, 15 yds of breaststroke/15 yds of back crawl.
Member Fee: $56
Non-Member Fee: $72
Class is 45 min, class limit is 10

Saturday – Mar 24/ Apr 7, 14, 21, 28/ May5, 12, 19 (NO lessons Mar 31st)
Saturday: 11 – 11:30a

Fitness & Wellness Center
At Mount Wachusett Community College
444 Green Street
Gardner MA 01440
Phone (978) 630-9212
FAX (978) 630-9562

MWCC Swim Lessons

Permission and Assumption of Risk and Release:
I give my permission for this (myself) child to participate in the selected swim program. I understand that in the unlikely event of an accident, every attempt will be made to contact the person(s) named below. If unsuccessful, I give my permission to the staff to secure emergency medical services to aid my child (myself), including, (if necessary) hospitalization. Any expense arising from the injury or illness is the responsibility of the person signing below.

In consideration of being permitted to participate in this program I, the under signed, in full recognition and appreciation of the dangers and hazards inherent in such activities during this program, do hereby agree to assume all risks and responsibilities surrounding my participation in this program, or activities undertaken as an adjunct thereto; and I assume all risks for injuries and illness: caused by or related to this program: and further I do for myself, my heirs and personal representatives hereby defined hold, harmless, indemnify, and release, and forever discharge Mount Wachusett Community College and all its officers, agents, and employees from and against all claims, demands, and action, or causes of actions, on account of damage to personal property, or personal injury or death which may result from my participation, and which results, from the causes beyond the control of, and without the fault or negligence of MWCC, its officers, agents or employees, during the period of participation.

I have also read and understand the policies and information contained in the swim handbook. These policies not only outline expectation for class and the program, but also outline the cancellation polices of the Mount with regards to credits, refunds and make up classes. I also understand that use of the open swim area of the pool during, before or after scheduled swim lessons by my swimmer or other swimmers/minors/or myself are my responsibility and are included in the above language contained in this release.

Date Name of Participant Parent/Guardian Signature for enrollee under age of 18

Emergency Information: It is of utmost importance that our office has a telephone number available where a responsible person can be contacted in case of accident or illness.

Emergency Phone Number Name of Contact

If you are submitting your form by mail, please call to confirm receipt of your information as well as placement in your desired class. Mailing form/payment does not guarantee enrollment.

For Office Use Only:
Date: _______ Total: _______
Cash: _______ Ck#: _______
Credit Card Type: _______
Staff Initials: _______

If you have a disability and may require accommodations to participate fully in the program, please contact the program director to discuss your specific needs. In some cases, a two week notice may be necessary.

978-630-9212 | mwcc.edu/fitness
AA/EEO Institution