# Cabrillo Beach Youth Waterfront Sports Center
## Swimming Lessons Registration Form

Last Name _____ First Name _____ MI _____ Age _____

Home Address _____ Email Address _____

City _____ ST _____ Zip _____ ( ) Cell Number including Area Code

**1. Please choose as session: $85 per child and $95 per adult!**

❑ June 20- 30 ❑ July 11 – 21 ❑ July 25 – Aug 4 ❑ August 8 - 18

**2. Please choose a class time:**

**Levels 1-4**

☐ 5:30-6:00
☐ 6:15-6:45
☐ 7:00-7:30 **NO FRIDAYS**

**Levels 5-6**

☐ 5:30-6:30
☐ 6:45-7:45
**NO FRIDAYS**

**3. Choose a swim level:**

| | |
|---|---|
| ❑ **Level 1** | Introduction to Water Skills. Helps students feel comfortable in the water and to enjoy the water safely. Gives students success with fundamental skills. |
| ❑ **Level 2** | Stroke Development. Builds on the skills in Level 2 by providing additional guided practice. |
| ❑ **Level 3** | Stroke Improvement. Develops confidence in the strokes learned thus far and to improve other aquatic skills. |
| ❑ **Level 4** | Stroke Refinement. Provides further coordination and refinement of all the strokes. Flip turns on the front and back are also introduced. |
| ❑ **Level 5** | Swimming and Skill Proficiency. Refines the strokes so students swim them with ease, efficiency, power and smoothness over greater distances. |
| ❑ **Level 6** | Level 6 is designed with "menu" options. Each of these options focus on preparing students to participate in more advance courses, such as Water Safety Instructor and Lifeguard Training. These options include:<br>• Fundamentals of Diving - 6A (not available at CYC)<br>• Fitness Swimmer – 6B<br>• Lifeguard Readiness – 6C<br>• Personal Water Safety – 6D |

## Guardian/Emergency Information

Parent/Guardian Name _____ ( ) Contact Phone Number including Area Code

Emergency Contact Name _____ ( ) Contact Phone Number including Area Code

- Does participant have a history of or currently have any physical limitations that might prevent him/her from fully participating in any classes? Yes No If yes, please describe.

  _____

- Please list any special medications, allergies to food or drugs or any pertinent medical information.

  _____

Parent/Guardian Signature below gives permission to use photos taken during class for Cabrillo Youth Center brochure or other promotional information. **We thank the Port for their continued support.**

Parent/Guardian Signature _____ Date: _____