Cabrillo Beach Youth Waterfront Sports Center
Swimming Lessons Registration Form - 2018

Last Name _____ First Name _____ M / F _____ Age _____

Home Address _____ Email Address _____

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

1. Please choose as session: $95 per child and $125 per adult! Semi Private $225 - Private $275

❑ June 18-28 ❑ July 9 - 19 ❑ July 23 – Aug 2 ❑ Aug 6 - Aug 16

We have the right to refuse students! Minimum of 18 Students per session or we will have to cancel.

2. Please choose a lesson time: NO Refunds and No Changing of Dates!

Levels 1-4
- ☐ 5:30-6:00
- ☐ 6:15-6:45

NO FRIDAYS

Levels 5-6
- ☐ 5:30-6:30
- ☐ 6:45-7:45

NO FRIDAYS

3. Choose a swim level (We will test on day one to confirm 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: • Fundamentals of Diving - 6A (not available at CYC) • Fitness Swimmer – 6B • Lifeguard Readiness – 6C • 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: _____