

Pleasant Valley Pool Swim Lessons

To register for Swim Lessons you must be an active member of Pleasant Valley Pool.

Instruction Provided by British Swim School

Participants will improve their swimming skills and have fun in each class they attend! Swim lessons allow swimmers to learn the importance of water safety, proper stroke technique and how to become competitive swimmers.

LESSON SESSIONS 1-4, Cost \$150 per participant/per session: Appropriate for beginner and intermediate youth swimmers ages 2 and older. Register for the desired session date and time. Participants will then be grouped according to ability during the first class. There is room to grow in each session as swimmers transition to the next level in the program as soon as skills mastered!

Session 1

Monday-Thursday*, June 24 - July 5, 2019

**No program July 4th, class will be held on 7/5*

Swim Lessons Session 1-A

9:15AM-9:45AM

Swim Lessons Session 1-B

9:45AM-10:15AM

Swim Lessons Session 1-C

10:15AM-10:45AM

Session 3

Monday-Thursday, July 22 - August 1, 2019

Swim Lessons Session 3-A

9:15AM-9:45AM

Swim Lessons Session 3-B

9:45AM-10:15AM

Swim Lessons Session 3-C

10:15AM-10:45AM

Session 2

Monday-Thursday, July 8 - July 18, 2019

Swim Lessons Session 2-A

9:15AM-9:45AM

Swim Lessons Session 2-B

9:45AM-10:15AM

Swim Lessons Session 2-C

10:15AM-10:45AM

Session 4

Monday-Thursday, August 5 - August 15, 2019

Swim Lessons Session 4-A

9:15AM-9:45AM

Swim Lessons Session 4-B

9:45AM-10:15AM

Swim Lessons Session 4-C

10:15AM-10:45AM

Children must be potty trained. Parents are not permitted in the pool with class.

REGISTER EARLY!!! Classes that do not meet the minimum participation requirement will be cancelled the Wednesday prior to the session start date. Minimum of 4, maximum of 10 participants per session.

MAKE-UP CLASSES: Make-up classes will only be scheduled when classes are cancelled due to thunder, lightning or heavy rain. Class will be held on cloudy days and in light rain. Your instructor will notify you of the make-up date and time, typically the Friday of the week of the missed class. Classes may not be made up after the session should more than two per session be cancelled due to weather.

REFUNDS: Refunds will only be issued (minus a \$10 cancellation fee per person, per class) if notice is received at least one week prior to the start of the session or if the session is cancelled. **REFUNDS WILL NOT BE ISSUED WITH LESS THAN ONE WEEK NOTICE.**

ATTENTION PARENTS: Children must be potty trained to attend lessons. Parents or guardians are required to remain at the pool site with children during lessons but are not permitted in the pool with class. Thank You!

Online Registration: Visit www.bernards.org Call 908-204-3003 to request your User Name/Password.
In-Person or Mail-In Registration: Complete the form below and return with check made payable to "Bernards Township Pool" to Parks & Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

You may use this form to register your child(ren) for one or more classes.

Fee: \$150 Per Participant/Per Session

Child's First & Last Name	DOB	Session Name	Session Name	Session Name

Parents Name: _____ Phone # _____

Address: _____ Email: _____

Emergency Contact: _____ Emergency # _____

As the Parent or Guardian of the participant in this program, I hereby give permission for my child/dependent to participate in this program and agree that this is a voluntary choice. I acknowledge that there are certain risks inherent in participation in this activity, and I agree to accept all of the consequences and assume the risks involved in participation. I give permission to the Township to provide emergency care as necessary for the well being of my child/dependent until such time as I may be contacted. I understand and acknowledge that Bernards Township is not responsible for any loss, damages or injury to any person or property for any reason associated with my child's/dependent's participation in this activity. In light of the above, I hereby agree to indemnify and hold harmless and release Bernards Township from any and all liability for any and all injuries my child/dependent may sustain as a result of participation in this activity. This includes, but is not limited to, responsibility for the payment of any and all doctor, medical or hospital bills resulting from any and all injuries to my child/dependent. I grant Bernards Township the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I confirm that I have read and understand the Recreation Department's registration policies and procedures.

OFFICE USE ONLY: Cash \$ _____ Ck \$ _____ Ck # _____ Processed: _____

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