

## **CITY POOL**

STRICT REGISTRATION

DEADLINES

SESSION 1 - MAY 29

SESSION 2 - JUNE 17

SESSION 3 - JULY 1

### **SWIMMING LESSONS SCHEDULE 2021**

Tuesday – Friday (2 weeks - 8 class periods)

\*\*SESSION 1 WILL RUN MONDAY, JUNE 7 TO THURSDAY, JUNE 10 DUE TO WET-N-WILD ON FRIDAY, JUNE 11\*\*

**SESSION 1 (JUNE 7 – 18)** SESSION 2 (JUNE 22–JULY 2) SESSION 3 (JULY 6-16) **Morning Classes Morning Classes Morning Classes** 9:00 - 9:459:00 - 9:459:00 - 9:4510:00 - 10:4510:00 - 10:4510:00 - 10:4511:00 - 11:4511:00 - 11:4511:00 - 11:45**Afternoon Classes** Afternoon Classes NO afternoon classes this session. 5:30 - 6:155:30 - 6:15

REGISTRATION BEGINS: MAY 1<sup>ST</sup>, 8:00 AM - 4:00 PM AT THE CITY POOL OR SPORTPLEX GYM

Fee: \$40

Make checks payable to Alexander City Parks & Recreation - PO Box 552, Alexander City, AL 35010

At the beginning of the swimming season, please recognize swimming skills may have to be relearned. Students may have to be placed in classes according to their current ability. When the student's skills become proficient for another level, the instructors will make every effort to make the change. Each student will be assessed by Red Cross Certified Swimming Lesson Instructors, using Red Cross Learn to Swim guidelines, to determine the appropriate level.

Student's Name:				Age:		
Address:		City:			State:	Zip:
Home Phone:		_ Cell Phone:		Other:		
Name of Daycare (if	child will be com	ing with one): _				
WHICH SESSION?	SESSION 1	SESS	ION 2	SESSIC	ON 3	<del>_</del>
WHAT TIME?	9:00 AM	10:00 AM	11:00 AM	5:30 P	M	
		<b>LEVEL 3</b> – Stroke Development <b>LEVEL 4</b> – Stroke Improvement				
Parent's Names (Ple	ase Print)					
Parent's Signature:					Date:	



# **COOPER RECREATION CENTER**

#### **SWIMMING LESSONS SCHEDULE 2021**

\*\*Week 1 will run Monday, June 7 to Thursday, June10\*\*

\*\*Week 2 will run Tuesday, June 15 to Friday, June 18\*\*

### **JUNE 7-18**

**Morning Classes** 10:00 – 10:45

**Afternoon Classes** 

5:30 - 6:15

STRICT REGISTRATION DEADLINE MAY 29

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Student's Name: _		Age:		
Address:		City:	State: Zip:	
Home Phone:		Cell Phone:	Other:	
Name of Daycare (	if child will be con	ning with one):		
WHAT TIME?	10:00 AM	5:30 PM		
		<b>LEVEL 3</b> – Stroke Development <b>LEVEL 4</b> – Stroke Improvement	<del></del>	
Parent's Names (P	lease Print)			
Parent's Signature	:		Date:	