

BAYVILLE SWIM LESSONS - 2018

Mayor Paul Rupp

Dear Parents:

Swim Instruction Classes will be held at West Harbor Beach. Classes will begin on Monday, **June 25th, 2018**. Classes will meet Monday through Thursday for 5 weeks; each class will meet for one half-hour (**there will not be classes on July 4th**). The Swim Meet is tentatively scheduled for Saturday, **July 28th**. Notice of your child's class time will be available on our website www.bayvilleny.gov and posted at West Harbor Beach, Monday, **June 18th** and will remain posted until classes begin. Please return your application(s) to the Village Hall by Monday, **June 11th**.

Class structure and teaching will go by American Red Cross Swimming and Water Safety standards. May we remind you that regular attendance will not only help your child gain strong water skills, familiarity and water safety but will help your child pass the America Red Cross swimming requirements to go into the next swimming level. At the end of the five-week period American Red Cross Swimming cards will be rewarded to students who are able to pass the swimming level requirements. To check to see if beaches are open please call **516-802-2522**.

IN ORDER TO BE ENROLLED YOU MUST SIGN WAIVER ON BACK OF FORM.

Please check () for the appropriate course(s). **ONE** form per child.

INTRODUCTORY SWIM () -Familiarize child to water through games. Must be **3** years by **June 25th**, **MUST BRING BIRTH CERTIFICATE IN WITH REGISTRATION.**

LEVEL I: INTRODUCTION TO WATER SKILLS() -First year swim instruction or child **4** years of age. Teach elementary aquatic skills and begin to develop good attitudes and safe practices around the water.

LEVEL II: FUNDAMENTAL AQUATIC SKILLS () -Passed Level I, child **5** or **6** years old. Objective, to give students success with fundamental locomotion skills.

LEVEL III: STROKE DEVELOPMENT () -Passed Level II, ages **6** or **7**. Teach coordination of front and back crawl, elementary backstroke and butterfly.

LEVEL IV: STROKE IMPROVEMENT () -Passed Level III, ages **7** or **8**. Objective is to develop confidence and endurance in elementary backstroke and front and back crawl. Introduce breaststroke and sidestroke.

LEVEL V: STROKE REFINEMENT I() -Passed Level IV, ages **8** or **9**. Objective is to refine the strokes learned thus far.

LEVEL VI: STROKE REFINEMENT II () -Passed Level V, ages **9** or **10**. Objective is to polish skills so child swims with more ease, efficiency, power and smoothness over greater distances.

LEVEL VII: FITNESS SWIMMER () -Passed Level VI, ages **10** or **11**. Objective is to perfect skills while developing good fitness habits.

LIFEGUARD READINESS () -Ages **11** and **older**. The purpose of the course is to provide information that will help children and/or adults become safer and healthier in on and around the water.

SPECIAL REQUEST _____ AM SESSION _____ PM SESSION _____

You must have the **Bayville Beach Sticker** on your car before entering the beach.

If a **non-resident** will taking the child to swim lessons a guest pass must be requested prior to start of lessons.

Inc. Village of Bayville

34 School Street
Bayville, NY 11709

Event Release-Minor
INS002-03/07

Date Submitted:

I, _____ Parent or Legal Guardian of _____
(participant) hereby covenant and agree to indemnify, release and hold harmless the Inc. Village of Bayville, all of the elected and appointed officers, employees, volunteers and/or agents, from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for any harm, bodily injury, including economic, physical, or mental, including death, and/or property damage incurred by _____ (participant) and/or myself, to the fullest extent permissible by law, arising out of the participation in the swimming lessons.

I understand participation in the swimming lessons involves rigorous physical activity and risks of physical injury, and we assume these risks. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions what would restrict his/her participation in this event.

Name of Minor

Parent of Legal Guardian

Relationship to Signer

Address

Phone number