

## **BAYVILLE SWIM LESSONS 2023**

Mayor Steve Minicozzi

Dear Parents:

Swim Instruction Classes will be held at West Harbor Beach. Classes will begin on Monday, July 10, 2023. Classes will meet Monday through Wednesday for 5 weeks; each class will meet for one half-hour. Please return your application(s) to the Village Hall by Monday, June 26, 2023. Notice of your child's class time will be posted at West Harbor Beach, Monday, July 3, 2023, and will remain posted until classes begin.

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 American Red Cross swimming requirements to go into the next swimming level. 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 27th**, **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.

**AGE OF CHILD** \_\_\_\_\_ **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 be 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 its 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