

East Stroudsburg University

Youth Community Swim Lessons—Spring 2019

This program is designed for children to develop in and around the water.
Classes range from Beginner through Level 6 for ages 4 and older.

Tuesdays and Thursdays

Session 1: February 26th—March 21st, 2019 (No Class March 12th or 14th)
Session 2: March 26th—April 11th, 2019

Class Times: 5:00 p.m.—5:30 p.m.
5:30 p.m.—6:00 p.m.
6:00 p.m.—6:30 p.m.

Price: \$60 per child/session. Make Checks Payable to **ESU Community Swim**

Confirmations will be emailed to all registered participants a week before each session begins.
For More Information: bglobig@esu.edu or visit www.esu.edu/communityoutreach

Parents or guardians are required to stay in sight of their children at all times.

Spaces in these classes are limited. Only a properly completed registration form and full payment reserves a space. No telephone registrations accepted.

REFUNDS WILL NOT BE ISSUED AFTER EACH SESSION HAS BEGUN

****Please do not allow your child to eat one hour prior to the start of lessons****

Youth Community Swim Lessons: Spring 2019

Please Print Clearly

Child's Name _____ Age: _____ Sex: M or F
Address: _____ City/ State/Zip: _____
Name of Parent/Guardian: _____ Cell Phone: _____
Email address (required): _____

Please Check Experience Below

No formal lessons/beginner _____ Comfortable in Water. List Skills: _____ Highest lvl Completed in Lessons: _____

Mail To:

Office of Conference Services
East Stroudsburg University
200 Prospect St
East Stroudsburg PA 18301

Session 1 _____ **Session 2** _____

Time: 5:00 p.m. OR 5:30 p.m. OR 6:00 p.m.
4 Beginner Slots in 6 PM for New Participants Only

Make checks payable to:
East Stroudsburg University
Community Swim

Every effort is made to provide quality and safe instruction; however, participation may lead to discomfort or risks which are normal for physical activity; such injuries can range from the most insignificant to death. Neither the university, its students, supervising professor, staff can be held liable for injury resulting from participation. In accepting this risk, I expressly and explicitly release and waive any and all responsibility and liability, and agree to indemnify and hold harmless East Stroudsburg University of Pennsylvania and its employees, officials or agents pursuant to participant. I verify participant coverage by health insurance. If I do not have health insurance, I agree to be totally responsible for any and all health costs associated with injured incurred. In case of injury, I give advance permission to obtain medical service, including but not limited to paramedic treatment, transportation by emergency vehicle to a medical facility and treatment by emergency facility.

East Stroudsburg University and its representatives take photographs for use in print and electronic publications; this serves as public notice of the University's intent to do so and as a release to the University for permission to use such images as it deems fit.

By my signature below, I hereby acknowledge that I understand and voluntarily accept the hazards, risks, rights and responsibilities noted in this release.

Parent/Guardian Signature _____ Date _____

For Office Use Only Date _____ Type _____ Amount _____