EAST STROUDSBURG UNIVERSITY WARRIORS

Skill Development - Spring 2020

This class is designed for youth ages 7–17 who already know at least one competitive stroke and are able to swim 25 yards without a flotation device. These sessions will focus on learning and developing the four competitive strokes during lap swimming. Swimmers will learn through body balance, positions drills and correct format of techniques.



MONDAYS AND WEDNESDAYS

SESSION 1: March 2–March 25, 2020

(No class March 9-11)

SESSION 2: March 30-April 15, 2020

CLASS TIMES: 5-5:45 p.m.

PRICE: \$72 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:

Email fyang@esu.edu or visit 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.

SKILL DEVELOPMENT: SPRING 2020

Please Print Clearly

Child's Name _____ Age: ____ Sex: M or F

City ______ State _____ Zip: _____

Email address (required):				
SESSION 1	SESSION 2	MAKE CHECKS PAYABLE TO:	MAIL TO:	
ΓΙΜΕ: 5–5:45 p.m.		East Stroudsburg University Community Swim	Office of Conference Services East Stroudsburg University 200 Prospect Street East Stroudsburg, PA 18301	
njuries can range from the mos participation. In accepting this r stroudsburg University of Penn lealth insurance, I agree to be t	st insignificant to death. Neithe isk, I expressly and explicitly sylvania and its employees, of otally responsible for any and	owever, participation may lead to discomfort or risks which a er the university, its students, supervising professor, staff ca release and waive any and all responsibility and liability, and ficials or agents pursuant to participant. I verify participant of all health costs associated with injured incurred. In case of in ment, transportation by emergency vehicle to a medical facility	on be held liable for injury resulting from agree to indemnify and hold harmless East coverage by health insurance. If I do not have njury, I give advance permission to obtain	
•		tographs for use in print and electronic publications; this ser se such images as it deems fit.	ves as public notice of the University's intent	
By my signature below, I hereby	acknowledge that I understa	nd and voluntarily accept the hazards, risks, rights and respo	onsibilities noted in this release.	
Parent/Guardian Signature		Da	Date	
FOR OFFICE USE ONLY	/ Date	Type	Amount	