



Swimming Registration

Fall Session 2009

Dear Parents and/or Participants:

We are excited to be improving our program by using the American Red Cross swim levels. This allows swimmers to learn many more skills, better techniques, and important water safety lessons. **Registrants must include an email address.** Lessons will take place on Saturdays between 7:40am & 1:30pm.

Time				
7:40 AM	Adult Swim Beginner			
8:20 AM	Adult Swim Intermediate			
9:00 AM	Parent/Child (6 mos-3yrs)			
9:30 AM	1A	1B	2	3A
10:15 AM	1A	1B	2	4
11:00 AM	1A	1B	2	3B
11:45 AM	1A	1B	2	4
12:30 PM	5	6		

At the conclusion of each 8-week session, each participant will be handed a card with a recommended level for the next session. We hope you are as excited as we are to bring you a more dynamic program.

All classes will be held at Costello Pool on Saturdays for 8 weeks, starting September 26th and running through November 21st, (with no class on 10/10). All classes cost \$80. The registration period for the fall session runs from 8/3 – 9/26. **Refunds will not be given after the session begins.**

UMass Lowell Campus Recreation Swim Program Policies & Guidelines:

- Parents are asked to sit in the bleacher section of the pool area while classes are in session (with the exception of parent/child classes).
- Parents with children of the opposite sex should use the pool entrance level restrooms for changing.
- Participants in the program must follow the safety rules of the program. If necessary, instructors may ask participants to get out of the water if behavior is deemed unsafe.

Attached is the Swimming Spring Session form to be submitted to the UMass Lowell Campus Recreation Center. Please keep this first page for your records.



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Participant's Name: _____

Parent's Name (if under the age of 18): _____

Address: _____

Phone #: _____ Age: _____ Gender: _____

Email Address (**required**): _____

Recommended Level (or swim experience if new): _____

Preferred Time Block: _____

Special Instructions (i.e. pertinent medical history, siblings also in program, car pooling, etc.):

I understand that participating in the UMass Lowell Campus Recreation Swimming Program is purely voluntary and that neither the Department of Athletics nor the University of Massachusetts Lowell assumes the responsibility for any injury sustained through my or my child's participation. I am aware of the risks inherent in participation in this type of physical activity and agree that it is my responsibility to determine whether or not I or my child is physically fit to participate in this program.

Signature of Parent/Adult Participant: _____ Date: _____

I **DO NOT** give UMass Lowell permission to use my child's picture in any marketing materials.
(Please Initial) _____

In-person registration at the CRC Welcome Desk is preferred. Forms may also be mailed to:
Umass Lowell Campus Recreation, 100 Pawtucket St., Lowell, MA 01854