



Swimming Registration Spring Session 2012

Dear Parents and/or Participants:

Our swim program continues to use the American Red Cross guidelines for our 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 Beginner/Intermediate			
8:30 AM	Parent/Child (6 mos-3yrs)			
9:00 AM	Parent/Child (6 mos-3yrs)			
9:30 AM	1A	1B	2	3
10:15 AM	1A	1B	2	4
11:00 AM	1A	1B	2	3
11:45 AM	1A	1B	2	4
12:30 PM	5	6		

At the conclusion of each 8-week session, we will recommend the appropriate level for each participant for the next swim 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, 261 Riverside Street, on Saturdays. **The spring 2012 session will run for 8 weeks, January 28th - March 31st with no classes on 3/10 or 3/17.** All classes cost \$100 per person. General registration for the spring 2012 session will be 12/1 – 1/28. *We recommend that participants register online at www.uml.edu/CRCswimlessons if possible.* **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 Swim Spring Session form to be submitted to the UMass Lowell Campus Recreation Center. Please keep this first page for your records.



Swimming Registration Spring Session 2012

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) _____

On-line registration is preferred. Forms may also be mailed to:
Umass Lowell Campus Recreation, 100 Pawtucket St., Lowell, MA 01854