SCHEDULE

Check the appropriate dates and times. Make sure you indicate a second choice. You will be called <u>only</u> if your primary choice is not available.

	June 1-5
9:00 – 9:30 a.m	3:30 – 4:00
9:30 – 10:00	4:00 - 4:30
10:00 – 10:30	4:30 – 5:00
10:30 – 11:00	5:00 – 5:30

	June 8-12					
9:00—9:30 a.m	3:30-4:00					
9:30 – 10:00	4:00-4:30					
10:00 – 10:30	4:30-5:00					
10:30—11:00	5:00-5:30					

Ju	June 15-19					
8:309:00 a.m	10:00 -10:30					
9:00 – 9:30	10:30 – 11:00					
9:30 – 10:00	11:00 – 11:30					

June 22-26					
8:30 – 9:00 a.m	10:00 – 10:30				
9:00 – 9:30	10:30 - 11:00				
9:30 – 10:00	11:00 – 11:30				

	June 29-July 3
8:30 – 9:00 a.m	10:00 - 10:30
9:00 – 9:30	10:30 – 11:00
9:30 – 10:00	11:00 – 11:30

July 6-10						
8:30—9:00 a.m	10:00 - 10:30					
9:00 – 9:30	10:30 - 11:00					
9:30 –10:00	11:00 – 11:30					

AquaKids Learn to Swim C/o Jim Kelly Director of Aquatics Hendrix College 1600 Washington Ave Conway, AR 72032

AQUAKIDS LEARN TO SWIM

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Summer Swim Lessons June 1 – July 10 2009

Bob Courtway Pool

Aquatic Center

Hendrix College

Conway, AR

GET IN THE SWIM LEARN TO SWIM

It's that time of year again! Time for summer swim lessons at Hendrix College.

The "Learn to Swim" Program is for beginners and other skill levels, ages 4 ¹/₂ years old and up. Children must be at least 4 $\frac{1}{2}$ at the time lessons begin.

Lessons are oriented toward each child's specific skill level. Each class will be made up of 4 children and will last for 30 minutes.

Jim Kelly, Director of Aquatics at Hendrix College, will direct the program.

REGISTRATION

Children may pre-register by completing the registration form in this brochure and returning it by mail ASAP or prior to Tuesday, May 19, 2009. Registration after this date must be done on site. This can be arranged by calling 450-1311. On site registration is in office #151-(Jim Kelly's office) the new Aquatic Center on the Hendrix campus.

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ARN TO SWIM REGI	Age	City	Daytime Phone	*Session(s)	s and times: please lis	n,	Hendri	
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	hild's name	ddress	Iome Phone	Amount Paid	*(see back panel for d	Return: Jim Kelly, AquaKids Learn to Sv		1600 Washington Ave., רבחרד מא שאישיי
	LEARN TO SWIM REGISTRATION FORM		LEARN TO SWIM REGISTRATION FORM name Age Parent's name CityState	ate	LEARN TO SWIM REGISTRATION FORM	LEARN TO SWIM REGISTRATION FORM Age Parent's name City State Daytime Phone	LEARN TO SWIM REGISTRATION FORM Age Parent's name City State Daytime Phone	LEARN TO SWIM REGISTRATION FORM Age Parent's name Age State City State Daytime Phone State

To: Parents of Swimmer(s)

From: Jim Kelly- Director of Learn to Swim

The past few years have seen a significant increase in applicants for the "Learn to Swim" program and a resulting waiting list. More time slots have been added in hopes of accommodating more swimmers. This summer we are in our new facility.

Please note the registration dates. All mailed applications are due by Tuesday, May 19, 2009. Registration dates are listed in the brochure. After May 19, late registration is onsite only in the new aquatic center, office #151. <u>Please call</u> 501-472-6968 to make an appointment for onsite registration.

<u>PLEASE LIST A SECOND CHOICE</u>. If your desired primary date and time is NOT available, YOU WILL BE CALLED relative to availability of other slots. You WILL NOT be called IF your first choice is available.

Please <u>use the form</u> below as your receipt and date(s)/time(s) confirmation. Also use this form as a reminder of your time and dates.

If additional information is needed- call (501) 472-6968.

Please return the registration form as soon as possible.

*Remember: 1) **KEEP THE FORM BELOW** as both a **REMINDER** of your times, dates, and receipt.

2) You will be contacted if the #1 time/date you selected is NOT available.

AQUAKIDS LEARN TO SWIM

Dear Swimmer, This is your receipt for ______ for _____ to be enrolled in the Aquakids Learn to Swim program. We are very pleased that you are joining us this summer. Your confirmed lesson date(s) and time are:

(date)

(time)

(date)

(time)

Thank you,

Jim Kelly Aquakids Learn to Swim

AQUAKIDS LEARN TO SWIM WAIVER (to be returned with application)

Permission is hereby given for my child to participate in this swim program. We, as parents or guardians, of the above named child, do hereby promise, agree, warrant, and covenant that we will not seek or attempt to hold or claim Hendrix College, its agents, or employees responsible or liable in any way for any personal injury, property damage, or other loss that may be suffered by us or any of us, growing out of said child's participation in the program. I believe him/her to be physically qualified for this program which will include vigorous activity. I will inform the Director of the program in writing of any physical defect which might prohibit his/her participation.

Parent's signature

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