

SCHEDULE

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

May 31- June 4

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 7-11

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 14-18

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 21-25

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 28-July 2

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 5-9

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



**Summer Swim
Lessons
May 31 – July 9
2010**

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 ½ years old and up. Children must be at least 4 ½ 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 18, 2010. **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 Aquatic Center on the Hendrix campus.

Lesson Schedules

Lessons will be given during the months of June and July on the following dates with lessons running every 30 minutes.

Week of: May 31- June 11
9:00-11:00 a.m.
3:30- 5:30 p.m.

June & July: 8:30 – 11:30 a.m.
Week of: June 14-18
 21-25
 June/ July 28-2
 5-9



COST

Lessons will be \$40.00 for one week or \$75.00 for two weeks. Checks should be made payable to: AquaKids Learn to Swim. All cancellations are subject to a \$7.50 processing fee. (This fee will be taken from the initial fee.)

LEARN TO SWIM REGISTRATION FORM

Child's name _____ Age _____ Parent's name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Daytime Phone _____
 Amount Paid _____ *Session(s) _____

*(see back panel for dates and times; please list a second choice)

Return: Jim Kelly,
 AquaKids Learn to Swim,
 Hendrix College
 1600 Washington Ave.,
 Conway, AR 72032

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 in our new facility.

Please note the registration dates. All **mailed applications** are due by Tuesday, May 18, 2010. Registration dates are listed in the brochure. **After May 18, registration is onsite only** in the new aquatic center, office #151. Please call 501-472-6968 to make an appointment for onsite registration.

PLEASE LIST A SECOND CHOICE. 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 use the form 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 the 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