

UNITED SWIM SUMMER SWIM LESSON APPLICATION 2023

\$80.00 Per Session/ *Make Checks Payable to: UNITED SWIM*

ZELLE: UnitedSwimTeam@gmail.com

Check # _____

Cash _____

Amt. Pd. \$ _____

Today's Date _____

Parent's name if different than child _____

One Application Per Child
Please Print Clearly

Student's Name	Student's Age	Home / Cell Phone
Address	City	Zip

CHECK ONE—CAMPUS, SESSION, AND LEVEL

<input type="checkbox"/> KLEIN COLLINS	<input type="checkbox"/> 1 st Session June 6– June 15	<input type="checkbox"/> Pups 1
	<input type="checkbox"/> 2 nd Session June 20 – June 29	<input type="checkbox"/> Pups 2
	<input type="checkbox"/> 3 rd Session July 5 – July 13	<input type="checkbox"/> Inter I
		<input type="checkbox"/> Inter II

Each lesson is 30 minutes / Tue.—Thurs. for two weeks

LESSON TIME _____

Due to the fact that each lesson is limited to a specific number of students, cancellations prevent another student from filling that slot. *CANCELLATION POLICY—\$30 charge per session will be deducted from original camp fee and a letter of explanation sent to UnitedSwimTeam@gmail.com

Parent Signature _____

UNITED SWIM/KISD WAIVER

I, THE UNDERSIGNED, BEING THE INDIVIDUAL, SPOUSE, OR LEGALLY AUTHORIZED AND QUALIFIED GUARDIAN OF _____
AGREE TO HOLD UNITED SWIM AQUATICS, UNITED SWIMMING AQUATICS, LLC, AND KLEIN INDEPENDENT SCHOOL DISTRICT, ITS BOARD OF TRUSTEES, ADMINISTRATION, AND/OR FACULTY, HARMLESS FROM ALL LIABILITY FOR ANY INJURIES WHICH MY SON/DAUGHTER MAY RECEIVE WHILE PARTICIPATING IN ANY RECREATIONAL ACTIVITIES OR UTILIZING THE KLEIN SCHOOL DISTRICT FACILITIES. I HEREBY AUTHORIZE THE ATHLETIC DIRECTOR, COACH, AND/OR DISTRICT EMPLOYEE TO SECURE MEDICAL SERVICES FOR ANY FAMILY MEMBER IF NECESSARY AND I AGREE TO PAY, EITHER DIRECTLY OR THROUGH MY OWN PERSONAL HEALTH AND ACCIDENT INSURANCE POLICY, ALL MEDICAL OR HOSPITAL COSTS.

DATE	SIGNATURE OF PARENT OR LEGAL GUARDIAN
STREET ADDRESS OF PARENT OR LEGAL GUARDIAN	CITY/ STATE ZIP PHONE

(REQUIRED) EMERGENCY INFORMATION

NAME OF PARENT OR GUARDIAN: _____	NAME OF PARENT OR GUARDIAN: _____
CELL No.: _____	CELL No.: _____
WORK No.: _____	WORK No.: _____
FAMILY PHYSICIAN: _____	EMERGENCY CONTACT <i>WHEN PARENT/GUARDIAN CANNOT BE REACHED</i> NAME: _____ PHONE No.: _____
OFFICE No.: _____	
ADDRESS: _____	
CITY & ZIP: _____	
INSURANCE POLICY WITH: _____	

Summer Swim Lessons 2023

CLASSES: Tuesday through Thursday for two weeks

Lessons are 30 minutes in length and each session is Tuesday through Thursday for a two-week period.

NOTE: There are no provisions for make-up lessons. Please see your instructor for help in this area.

The following criteria are used to help place the child in the correct level of instruction. Please consider these skills when registering your child.

Pups 1

- Little or no water experience
- Child needs to be held
- Child will not put his/her head underwater

Pups 2

- Child has no fear
- Can go underwater by him/herself
- Child will hold his breath for 8-10 seconds
- Child will jump into the water and then the teacher will assist
- Child must be able to go under water unassisted

Inter 1

- Child must be able to tread in deep water 15 to 30 seconds
- Child must be able to jump in alone in deep water and swim to the side
- Child must be familiar with freestyle and backstroke
- Child must swim half the distance of the pool unassisted

Inter 2

- Child should be able to tread for a minimum of 45 seconds
- Child must be able to swim freestyle and backstroke the entire length of the pool

Advanced Swimmer – Join Summer Swim Clinics

- Should be experienced with the following strokes: freestyle, backstroke, sidestroke, elementary backstroke.
- This is a conditioning & stroke practice class.
- This class is for experienced swimming and can accommodate 10-20 swimmers.
- These students will be swimming lengths 25-50 yards.
- Students should be able to swim 3-4 laps without stopping.