

2022 Omro Family Aquatic Center Swim Lesson Registration
A separate form must be completed for each participant, print legibly
\$40 per session, see Omro School District Eligibility

Staff Use

Participant LAST NAME:	Participant FIRST NAME:	DOB:	Check if student of Omro School Dist. <input type="checkbox"/>
Parent/ guardian name:	Telephone:	Emergency Contact Name:	
Email:		Emergency Contact Telephone:	
Address: (Street Address, City, ZIP):		Special Needs:	

All sessions run Monday-Thursday for three weeks. No classes will be made up if cancelled. (Circle class)

Session 1: June 13th-June 30th						
8:40-9:15	Jellyfish	Starfish	Stingray	Barracuda	Water Aerobics	
9:20-9:55	Parent Tot	Pollywog	Ad. Jellyfish	Guppy	Ad. Guppy	Ad. Starfish
10:00-10:35	Jellyfish	Ad. Jellyfish	Guppy	Starfish	Stingray	Barracuda
10:40-11:15	Parent Tot	Pollywog	Ad. Jellyfish	Ad. Guppy	Ad. Starfish	Seals
11:15-12:00	Lap Swim		Water Aerobics 11:20-11:55		Private Lessons (arrange with manager)	

<u>(Circle One)</u>				Pre-Lifeguard: Must be 12 years old and have passed seals OR swim 200 yds. and tread water for 5 minutes			
Session 2: July 11 th - July 28 nd or Session 3: Aug. 1 st -Aug 18 th							
8:00-8:35	Ad. Jellyfish	Starfish	Seals	Pre-Lifeguard		Water Aerobics	
8:40-9:15	Pollywog	Jellyfish	Guppy	Ad. Guppy	Ad. Starfish	Barracuda	
9:20-9:55	Parent Tot	Jellyfish	Ad. Jellyfish	Ad. Guppy	Starfish	Ad. Starfish	Stingray
10:00-10:35	Pollywog	Jellyfish	Guppy	Ad. Guppy	Stingray	Barracuda	
10:40-11:15	Parent Tot	Pollywog	Ad. Jellyfish	Guppy	Starfish	Ad. Starfish	Seals
11:15-12:00	Lap Swim		Water Aerobics 11:20-11:55		Private Lessons (arrange with manager)		

Participant Waiver: In consideration of the acceptance of myself or my children's enrollment in this activity, I hereby waive for myself or my child, my heirs, and assigns, all claims for damage which I might have against the instructor, Omro Parks and Recreation Department, or city, or any other participating agency and their employees for any and all injuries which I might receive during this activity. I further understand that the Omro Parks and Recreation Department does not carry medical accident insurance.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / 22