

# SWIM LESSON SCHEDULE★

## CLASS SPACE IS LIMITED.

- \* **DURING SWIM LESSONS, ALL PARENTS MUST REMAIN IN THE VIEWING AREA AT ALL TIMES.**
- \* Registration for swim lessons is taken on a first come first serve basis.
- \* Mail-in Registrations Begin Monday, May 19, 2003. Walk-in Registrations Begin Monday, June 9, 2003 at 11:00 am.
- \* Payments are accepted by cash or check only. Make checks payable to "City Treasurer".  
NO credit cards are accepted.
- \* A limited number of scholarships and fee waivers (based on financial need) are available.  
Please contact the Pool Manager for more information.



### FEES:

Large Group (6+) fee is \$29.25 per person for Beginner 2, Beginner 3 and Advance Beginner, and Intermediate.  
Small Group (3-5) fee is \$44.00 per person for Parent Tot, Tiny Tots, Advance Tots, Super Tots, Beginner 1 and Adult.  
Class days and times may not be substituted.

### MONDAY - FRIDAY SESSIONS

Session I	June 23 - July 3 (No classes July 4, 2003)
Session II	July 7 - July 18
Session III	July 21 - August 1
Session IV	August 4 - August 15
Session IV	August 18 - August 29



### MORNING CLASSES

9:00 am - 9:30 am	TT	AT	ST	INT
9:40 am - 10:10 am	P/T	TT	B1	B2
10:20 am - 10:50 am	TT	ST	B2	AB
11:00 am - 11:30 am	P/T	AT	B1	B3

### AFTERNOON CLASSES

4:00 pm - 4:30 pm	TT	AT	B1	B2
4:40 pm - 5:10 pm	TT	AT	B1	INT
5:20 pm - 5:50 pm	TT	ST	B2	B3
6:00 pm - 6:30 pm	P/T	ST	B1	ADULT



### SATURDAY SESSION (45 minutes/6 weeks)

Session I	June 28 - August 9 (No classes July 5, 2003)
11:00 am - 11:45 pm	P/T TT AT

***During swim lessons, all parents must remain in the snack area at all times.***



### EMERGENCY TESTING

All City pool personnel are subject to emergency testing at any time called "Red Shirt Drills". Patron patience and cooperation during these drills are greatly appreciated.

### POOL RENTAL

All City pools are available to rent for exclusive use or shared use purposes including school activities, athletic team activities, family get-togethers, company parties, special events and celebrations. More information may be obtained from the Pool Manager.

### REFUND POLICY

Extra care should be given to the selection of any classes. There are NO REFUNDS. Class transfers or credit towards another aquatic program may be requested and must be authorized by the Pool Manager. Full refund will be granted only if the class is canceled by the pool.

### PLEASE HELP KEEP OUR POOL OPEN!

Did you know that if the pool is contaminated with fecal matter, the pool has to be closed?

- \* Don't change your child's diapers at pool-side (change them in the restroom/changing area.)
- \* Don't allow your child to swim in the pool if they are suffering from an illness that causes diarrhea or have had diarrhea in the past two weeks.
- \* Have your child use the restroom before entering the pool (and wash their hands with soap and water.)
- \* Children 3 years of age or younger are required to wear a tight fitting "swimsuit diaper" or tight fitting plastic pants and a swim suit.
- \* Abide by our "no street shoes on the pool deck rule". Fecal matter and other debris can be tracked into the pool area on your shoes!

**Carmel Valley Pool**  
**Swimming Class & Skill Identification**

**Mail-in Registrations begins May 19, 2003**

**Children 6 months- 3 years:**

Enroll in Parent Tot class. Parent and child both participate in class. Fee covers both parent and child.

**Children 3-5 years old:**

1. Has your child ever had lessons?  
If yes, move to Step 2.  
If no, enroll child in Tiny Tots.
2. Can your child float on their front or back without assistance?  
If yes, move to step 3.  
If no, enroll child in Tiny Tots.
3. Can your child perform 5 arms strokes without stopping?  
If yes, enroll Child in Super Tots.  
If no, enroll Child in Advanced Tiny Tots.

**Children ages 6 years and up:**

1. Has your child ever had lessons?  
If yes, move to Step 2.  
If no, enroll child in Beginner I.
2. Can your child float on their front and back without assistance?  
If yes, move to Step 3.  
If no, enroll child in Beginner II.
3. Can your child swim 15 yards without stopping?  
If yes, move to Step 4.  
If no, enroll child in Beginner II.
4. Can your child swim one length of the pool (25 yards) without stopping?  
If yes, move to Step 5.  
If no, enroll child in Beginner III.
5. Can your child swim two lengths of the pool (50 Yards) without stopping?  
If yes, enroll child in Intermediate.  
If no, enroll child in Advanced Beginner.

The Pool Manager should be contacted if there is any uncertainties about which class is best suited for the student.

**Please note:**

- A self-addressed stamped-envelope must accompany the mail-in registration form for receipt and confirmation.
- Fee waiver applications must be submitted and approved by the Pool Manager prior to mailing in the registration.
- Walk-in and drop-off registrations will only be accepted after June 9, 2003.
- Mail-in registrations postmarked prior to May 19, 2003 will be processed on May 19, 2003.

**Mail Form and Payment to:**  
Carmel Valley Pool  
Learn-To-Swim Registration  
Piazza Carmel Shopping Centre  
3840 Valley Centre Drive, Suite 602  
San Diego, CA 92130



THE CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT



MAIL IN LEARN-TO-SWIM PROGRAM

REGISTRATION, WAIVER, AND RELEASE OF LIABILITY FORM

POOL: Allied Gardens Bud Kearns Carmel Valley City Heights Clairemont Colina Kearny Mesa
(circle one) Memorial MLK Ned Baumer/Miramar College Swanson Tierrasanta Vista Terrace

PLEASE PRINT Participant's Name: Address: Apt. #: City: Zip: Home Phone #: Work Phone: Emergency Phone:
Make check payable to City Treasurer. NOTE: A \$20.00 charge on all returned checks.

Table with 7 columns: Print Name, Birth Date, Class Title, 1st Choice, 2nd Choice, 3rd Choice, Fee. Includes sample row for Sally Swimmer.

"We Enrich Lives Through Quality Parks and Programs."

- In consideration of being allowed to participate in this City of San Diego Class/Activity, I acknowledge and agree that:
1. The City of San Diego does not maintain health insurance for injuries to the participant that may arise out of involvement in this class/activity.
2. By virtue of participation, PARTICIPANTS RISK BODILY INJURY INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, DEATH, AND OTHER LOSS including damage to property.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK FOR MY CHILD (AND/OR MYSELF).
4. I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE THE CITY OF SAN DIEGO, its officers, agents or employee with respect to any and all such injury including, but not limited to, paralysis, dismemberment, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules as well as any others given during this class/activity including during lessons, practice, meets, special events, field trips, games or tournaments.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child (or to myself) while participating in this activity including during lessons, practice, meets, special events, field trips, games or tournaments.
7. THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.
8. I hereby give permission for the following named child (or myself) to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
9. I certify to the best of my knowledge, my child's (or my) current physical condition is satisfactory for participation in this class/activity, and that he/she is (or I) am free of any health problem that would affect his/her (or my) ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until a medical clearance has been submitted. In addition, the coach/instructor/leader must be notified of any health condition prior to participation.

Participant's Signature (if participant is 18 years or older): Date Signed:
Parent/Guardian signature required if participant is 17 years of age or younger.
This is to certify that as a parent/guardian of this participant, I do consent to his/her waiver and release as set forth above. I realize that participation in this program is voluntary.
Parent/Guardian Name (print): Relationship:
Parent/Guardian Signature: Date Signed: