

# City of Traer – 2025 Learn-to-Swim Lessons

Certified by the American Red Cross in cooperation with the Traer City Council

## ***SESSION 1***

***Levels: 4-5-6: Monday June 16 - Friday June 20***

## ***SESSION 2***

***Levels: 1-2-3: Monday June 23 - Friday June 27***

### **Registration:**

Forms and \$30.00 fee per child **MUST** be turned in by **Monday, June 02, 2025,** to the **THE CITY OF TRAER MUNICIPAL HALL**. Make check payable to ***CITY OF TRAER***, please put your child's name in the memo line of your check.

### **Lessons:**

Lesson schedules will be posted at The City of Traer Municipal Hall and at the City of Traer Swimming Pool.

All levels will be held Monday through Friday, with session times to be determined.

### **List of Classes being offered:**

(Refer to your Red Cross Certificates if you are unsure of the enrollment level)

**LEVEL 1-INTRODUCTION TO WATER SKILLS - (Must be 6 years old or completed Kindergarten)**

**LEVEL 2-FUNDAMENTAL AQUATIC SKILLS**

**LEVEL 3-STROKE DEVELOPEMENT**

**LEVEL 4-STROKE IMPROVEMENT**

**LEVEL 5-STROKE REFINEMENT**

**LEVEL 6-SWIMMING AND SKILL PROFICIENCY**

### **During Lessons:**

**ONLY STUDENTS & INSTRUCTORS** are allowed in the swimming area.

### **Weather/Cancellation of Lessons:**

If lessons are cancelled due to a questionable weather forecast, parents will be contacted by the instructors. You can also check [www.traer.com](http://www.traer.com) for pool closing updates or you may contact the pool phone at 319-478-8332.

**ANY QUESTIONS CONTACT:**

**City of Traer or Traer Municipal Swimming Pool**

**649 Second Street, Traer, Iowa 50675**

**City Hall-Phone 319:478-2580**

**Traer Municipal Swimming Pool-Phone 319:478-8332**

# **Return this FORM and \$30.00 FEE** **by JUNE 02, 2025!**

(Make check payable to *CITY OF TRAER*, please put your child's name in the memo line of your check)

The student named below has permission to take Swimming and Water Safety Instruction at the City of Traer Swimming Pool.

**Please complete ONE FORM per CHILD**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ M/F \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME/CELL PHONE #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_

LEVEL: \_\_\_\_\_

OTHER FAMILY MEMBERS TAKING LESSONS:

\_\_\_\_\_

DOES THE STUDENT HAVE ANY DISABILITIES OR ANYTHING ELSE THAT WILL NEED SPECIAL ATTENTION OR CONSIDERATION?

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone# to contact if lessons are postponed and/or cancelled: \_\_\_\_\_