

City of Traer – 2020 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 22 - Friday June 26

SESSION 2

Levels: 1-2-3: Monday June 29- Friday July 03

****Due to the COVID-19 restrictions, group sizes will be limited.****

Registration:

Forms and \$30.00 fee per child **MUST** be turned in by **Monday, June 15, 2020** 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 run **70** minutes and be held Monday through Friday. 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 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 15, 2020!

(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: _____