

Jerseyville Parks & Recreation Department

401 Mound Street ♦ Jerseyville, IL 62052

618.498.2222 ♦ www.jerseyville-il.us

GROUP SWIM LESSONS

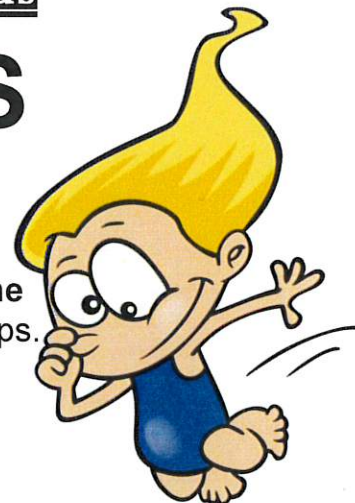
Cost: Parent/Child & Level 1: \$40/child/session (Each class 30 minutes)

Level 2-6: \$45/child/session (Each class 45 minutes)

Registration **deadline is one week prior** to the start of lesson

\$5 late fee will be applied to any registration accepted after the deadline

Session I, II & III meet Monday-Thursday, Fridays used for weather make-ups.



Session I: June 6 - 17
 9-9:45am Level 2 & 5
 10-10:45am Level 1 & 3
 11-11:45am Level 4 & 6

Session II: June 20 - July 1
 9-9:45am Level 1 & 3
 10-10:45am Level 2 & 4
 11-11:30am Level 1
 11:30-12pm Parent/Child

Session III: July 11 - 22
 9-9:45am Level 2 & 6
 10-10:45am Level 1 & 3
 11-11:45am Level 4 & 5

Session IV: Mondays: June 6 - Aug 1 (Skip July 4)
 6:15-7pm Parent/Child
 7-7:30pm Level 1 & 3
 7:15-8pm Level 2

**Private Swim Lessons are available.
 If interested, please ask for a
 registration form.**



Please note:

Child must be a minimum of 9 months for Parent/Child

Child must be a minimum of 3.5 years old for Level 1

All lessons held at outdoors at Donor Pool (300 June Street)

*****RETURN THIS FORM WITH PAYMENT TO: JPRD/ 401 Mound Street / Jerseyville, IL 62052*****

Fee: \$40/child (P/C & Level 1) \$45/child (Level 2-6) Method of Payment: Check # _____ Cash

Session: I II III IV

Level: Parent/Child 1 2 3 4 5 6 Time: _____ (if more than one time for same level is offered)

Participant's Name _____ Age _____ DOB _____ Gender: M F

Primary Guardian Name _____ Home Phone _____ Cell Phone _____

Email Address (ONLY used for program purposes) _____

Home Address _____ City _____ State _____ Zip _____

Describe any special accommodations this participant may need _____

Participant Release Statement: I hereby, for the participant and myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Jerseyville its successors and assigns, its employees, agents, officers and directors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I further understand the risks and dangerous situations attendant to the activity for which my child is entering. I understand medical coverage is my responsibility. **PHOTO PERMISSION:** I grant permission for pictures to be used in the City of Jerseyville publicity materials. **ACTIVITY DISCLAIMER:** I understand that the City of Jerseyville reserves the right to cancel, combine or divide classes. In addition, there may be a need to change dates, times, locations, instructors, fees or program outline revisions of any activity offerings.

Guardian's Signature _____ Date _____

Jerseyville Parks & Recreation Department ♦ Group Swim Lessons ♦ Summer 2022

For JPRD use only
 Registration Taken By _____ Date _____ Fee Paid _____ Entered By _____ Date _____