

Hurlburt Aquatic Center

SWIM LESSONS

SIGN UP:

Wed, 22 May • 1:30-4PM

Ages 6 months & up

At the Hurlburt Marina

First come, first serve, in person only

\$45 per class

SWIM TEAM/ SWIM CLUB

TRYOUTS:

Sun, 5 May • 9-11am

Sat, 18 May • 9-11am

Ages 6-17 years

All swimmers must tryout at the Hurlburt Aquatic Center

Call (850) 884-6939 to register

Program runs June-July

\$65 per month

Beginner Practice: Mon-Wed, 8-8:45am

Advanced Practice: Mon-Wed, 9-10am

Swim Team: Local area competitions

AAU membership & uniforms not included

Swim Club: Hurlburt pool swim meets only

Swim Schedule

Session 1	
Parent/Tot	
Morning 10-1030	June 3,4,5,10,11,12
Evening 1730-1800	June 3,5,7,10,12,14
Pre-swim	
Morning 1030-1100	June 3,4,5,10,11,12
Evening 1700-1730	June 3,5,7,10,12,14
101	
Morning 1115-1145	June 3,4,5,10,11,12
Evening 1815-1845	June 3,5,7,10,12,14

SESSION 2	
Pre-swim	
Morning 10-1030	June 17,18,19,24,25,26,
Evening 1730-1800	June 17,19,21,24,26 July 1
Pre-swim	
Morning 1030-1100	June 17,18,19,24,25,26,
Evening 1700-1730	June 17,19,21,24,26 July 1
101	
Morning 1115-1145	June 17,18,19,24,25,26,
Evening 1815-1845	June 17,19,21,24,26 July 1
Adult	
1600-1700	June 17,18,19

SESSION 3	
101	
Morning 10-1030	July 8,9,10,15,16,17
Evening 1730-1800	July 8,10,12,15,17,19
Pre-swim	
Morning 1030-1100	July 8,9,10,15,16,17
Evening 1700-1730	July 8,10,12,15,17,19
101	
Morning 1115-1145	July 8,9,10,15,16,17
Evening 1815-1845	July 8,10,12,15,17,19

SESSION 4	
Parent/Tot	
Morning 10-1030	July 22,23,24,29,30,31
Evening 1730-1800	July 22,24,26,29,31, Aug 5
Pre-swim	
Morning 1030-1100	July 22,23,24,29,30,31
Evening 1700-1730	July 22,24,26,29,31, Aug 5
101	
Morning 1115-1145	July 22,23,24,29,30,31
Evening 1815-1845	July 22,24,26,29,31, Aug 5
Adult	
1600-1700	July 22,23,24

HURLBURT SWIMMING LESSON

EMERGENCY MEDICAL INFORMATION

PLEASE PRINT

PARENTS: Please complete the following information:

Child's name _____ Birth Date _____ Age _____

Parent or Guardian _____ Home Phone _____

Address _____ City/State _____ Zip _____

Employer _____ Duty Phone _____

IF NOT AVAILABLE IN AN EMERGENCY PLEASE NOTIFY:

Name _____ Telephone _____

Address _____

Relationship _____

1. Has child had any serious illness, injury, or operation? _____ If yes, gives dates and explanation. _____
2. Will child be taking any medication? _____ If yes, indicate types and effects on child. _____
3. Does child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? _____ If yes, please explain _____
4. Is the child allergic to anything? Ex: Ants, bees, etc? _____ If yes, explain what and what remedy they need if affected. _____

RELEASE

I hereby give consent for the above named dependent to engage in the swimming lesson program. I will not hold the instructor or the United States of America, or any of their officers, employees or volunteer staff responsible or liable in any way for the personal injuries that may be sustained by my child as a result of his/her participation in the swimming program conducted at the Hurlburt Field Pool.

Signature _____ Date _____



Swimming Lesson Registration Form

Please fill out this form after reading the Swimming Lesson Parent Info. Packet. If you have any questions please call us at the Aquatic Center at 850-884-6866. Required fields are marked with an asterisk.

Swimmer Information

First name

Last name

Date of birth

Age

Address Information

Street address

Street address line 2

City

Postal zip code

Parent's Information (if participant is under 18)

Parent's/Guardian's name

Phone number

Work number

Email address

Emergency Contact 1

In the event of an emergency, please contact:

First name

Last name

Primary phone number

Secondary phone number

Additional notes

(Please designate which level would be best suitable for your child. Please list anything we need to know your child. Ie: Learning or physical disabilities, allergies, or restrictions. Also, please list any time/ instructor preferences you may have here.)

Date:

Parent Signature:

I have read and understand the Swimming Lesson Parent Information Packet. I have filled out a Hold Harmless Agreement form for each of my student/s. The Hurlburt Field Aquatic Center has received my payment in order to reserve my child's slot on the Swimming Lesson Roster.