

# WEST WINDSOR WATERWORKS

## 2024 SWIM LESSON SCHEDULE

**DATES:**    **SESSION 1**            **JUNE 24 – JULY 5**            **Monday-Friday**  
                  **SESSION 2**            **JULY 8 - JULY 19**            **Monday-Friday**

### **FEEES FOR SWIM LESSONS:**

**WATERWORKS POOL MEMBER:**            **\$155.00** per Session, per Person

**NON-WATERWORKS POOL MEMBER:** **\$175.00** per Session, per Person

*(To receive Member Rate you must be a Pool Member at time of registration.)*

### **SESSION 1 and 2**

**8:45-9:25 AM**            **LEVEL 1**

**8:45-9:25 AM**            **LEVEL 2**

**8:45-9:25 AM**            **LEVEL 3**

### **SWIMMING COURSE DESCRIPTIONS**

#### **Level 1**

Students should to be comfortable in and around the water. Instruction includes supported float on front and back, supported kicking on front and back, entering and exiting of pool, submerging face, blowing bubbles, and water safety.

#### **Level 2**

Students will begin to learn fundamental swimming skills. Instruction includes submersion under water, floating and gliding on front and back, unsupported flutter kicking on front and back, introduction to front, back crawl, and water safety.

#### **Level 3**

Students will begin learning strokes and build upon the skills learned in Level II. Instruction includes jumping into deep water, introduction to diving, coordinating front and back crawl, introduction to elementary backstroke, treading water, and water safety.

# WATERWORKS - 2024 SWIM LESSON REGISTRATION FORM

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

E-mail address: \_\_\_\_\_  
*(Needed for confirmation e-receipt and any updates for Swim Lessons)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Grade in Sept: \_\_\_\_\_

Name of Class/Level \_\_\_\_\_

Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_  
(June 24-July 5) July 8 – July 19)

Fee \_\_\_\_\_ to receive Member rate you MUST be a member of WaterWorks before registration).

I \_\_\_\_\_ realize there is a risk of being injured that is inherent in all sports.  
*(Participant/parent if participant is under 18).*

I realize the risk of injury may be severe, including the risk of fractures, brain injuries, or even death. I understand this and wish (my child) to participate in the above programs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Refund Policy:** A 20% administrative fee will be deducted from all refunds. **Refunds will be given only if requested in writing 2 weeks prior to the start of each session (NO refunds will be given after that time).**

Please make checks payable to: **West Windsor Township**

Mail or hand-deliver to: West Windsor Township Recreation Department  
271 Clarksville Road – P.O. Box 38 - West Windsor, NJ 08550

DATE PROCESSED: \_\_\_\_\_ PAYMENT AMOUNT: \_\_\_\_\_ CHECK#/CASH: \_\_\_\_\_