

# Youth Swimming Lessons



**Have fun while improving your swimming techniques!**

**Lessons are held at Silvershell Beach.**

**Open to residents of Marion and Rochester only.**

**Classes start the week of July 6 and run for 5 weeks**

**Fee: \$40**

**Testing will be done on June 24, 26 and July 1  
at 10:00 am and 3:00 pm.**

**You choose the date and time that suits you to be tested and  
come to the beach and speak with the instructor,  
Sadie, who will conduct the swim test.**

**Level 1 children do not need to be tested.**

**The class list will be posted at the beach house on July 3.**

**This program is for children 4 and above. If your child is 4,  
please attach a copy of your child's birth certificate to show  
that your child will be 4 on July 7.**

# Swimming Lessons

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_ Phone \_\_\_\_\_

I am going into grade- \_\_\_\_ Swimming Level completed \_\_\_\_\_ Where? \_\_\_\_\_

Email address \_\_\_\_\_

Please check anticipated course offering and preferred time. This can only be confirmed by being tested at Silvershell Beach. This is only a preference; you need to be tested before being placed in a class.

## Monday, Wednesday & Friday 30 minute classes

_____ Level 1	Water exploration	_____ 11:00	_____ 1:00	
_____ Level 2	Primary skills	_____ 10:30	_____ 1:30	_____ 3:15
_____ Level 3	Stroke readiness	_____ 10:00	_____ 2:00	_____ 3:45

## Tuesday & Thursday 45 minute classes for older, more experienced swimmers

_____ Level 4	Stroke development	_____ 11:00	_____ 1:00	_____ 2:45
_____ Level 5	Stroke refinement	_____ 10:00	_____ 2:00	_____ 3:45

The following waiver must be signed by parent or guardian-

I, the parent/guardian of \_\_\_\_\_  
(Please print)

do hereby consent to his/her participation in the programs of the Marion Recreation Committee. As such parent/guardian I hereby agree to release and hold harmless the Marion Recreation Committee, the Town of Marion, the Marion Recreation Committee members, coaches, supervisors, and officials, from and against any responsibility, claim, liability or any other claim of damage arising from an injury to said minor incurred during any activity of the Marion Recreation Committee. Marion Recreation may use my child's picture in publications and displays.

Signature: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Date \_\_\_\_\_

- Please pay by check made out to **Marion Recreation** and send it and this form to the Marion Recreation Committee, P.O. Box 539, Marion, MA 02738.
- Additional applications may be obtained in the Marion Recreation display in the lobby of the Marion Town Library or online at [www.marionrec.org](http://www.marionrec.org).