

Learn to Swim Program



"APPLICATION" SPRING 2011



Group Red Cross Certified Swimming & Water Safety Lessons

PLEASE CHECK BELOW (ONE APPLICATION PER PERSON): SPACE IS LIMITED. SIGN UP TODAY!

*Each session offers two levels for the convenience of families. All four levels are offered each hour.

Price per person includes 6 Learn to Swim Lessons with a qualified instructor

_____ **Session I (\$45) – 6:00-6:30 pm Fridays & 11:05–11:35 am Saturdays.**

*Levels I and II Only.

April 8th & 9th – April 15th & 16th – April 22nd & 23rd, 2011

_____ **Session II (\$45) – 6:35–7:05 pm Fridays & 11:40–12:10 pm Saturdays.**

*Levels III and IV Only.

April 8th & 9th – April 15th & 16th – April 22nd & 23rd, 2011

_____ **Session III (\$45) – 7:10–7:40 pm Fridays & 12:15–12:45 pm Saturdays.**

*Levels I and II Only.

April 8th & 9th – April 15th & 16th – April 22nd & 23rd, 2011

_____ **Session IV (\$45) – 7:45–8:15 pm Fridays & 12:50–1:20 pm Saturdays.**

*Levels III and IV Only.

April 8th & 9th – April 15th & 16th – April 22nd & 23rd, 2011

_____ **Private or Adult Lessons (\$65) – Pick times with Instructor**

*5 Private Lessons for Level 1 – Adult. *1 to 1 ratio*

Times are available throughout the year.

PLEASE CHOOSE LEVEL BELOW:

*Student may be reassigned to another swimming level depending on their personal ability as determined by the instructor.

Level I _____ **Level II** _____ **Level III** _____ **Level IV** _____

APPLICANT INFORMATION

PARENT/GUARDIAN NAME _____

STREET ADDRESS _____

TOWN _____ ZIP _____

HOME PHONE _____

WORK PHONE _____ CELL/PAGER _____ EMAIL _____

CHILD'S NAME _____

CHILD'S DATE OF BIRTH _____ AGE _____ BOY ___ GIRL ___

EMERGENCY CONTACT (Other than Parent): _____ RELATIONSHIP _____

DAY PHONE _____ CELL/PAGER _____

For Office Use Only

Date: _____ Amt Pd: _____

Rcvd: _____ Cash: _____

Paid: _____ Check: _____

Sign-up Deadline: April 7th, 2011 (9pm)

*Are there any special conditions (medical or other) which may be helpful to the instructor? YES NO

*Will you be attending Meet the Instructor Day on Saturday, April 2nd between 10-12pm? YES NO

PLEASE RETURN FORM TO: ORU Kenneth H. Cooper Aerobics Center, 7777 S. Lewis Ave, Tulsa OK 74171

THIS FORM MUST BE COMPLETED AND RETURNED TO THE AEROBICS CENTER FRONT DESK. FAX- (918)495-6644. SIGNED RELEASE/WAIVERS (FOR EACH PARTICIPANT) MUST BE COMPLETED BY LEGAL PARENT/GAURDIAN.

FOR MORE INFORMATION VISIT www.aerobics.oru.edu or CALL (918)495-6829.