

2010-2011 GTAC Fall/Winter Swim School Registration

St. Francis de Sales High School, 2323 W. Bancroft St., Toledo OH, 43607

► **Step One: Please check Your Choice of Program(s), Session(s) and Time(s)**

◆ **Private One-on-One Lessons: Four ½ hour private lessons offered between 2pm and 6pm, Sundays**
► Please check preferred session(s):

- Sept 26, Oct 3, 10, 17 Oct 24, 31, Nov 7, Nov 14 Male Teacher
 Nov 21, Dec 5, 12, 19 Jan 16, 23, 30, Feb 6 Female Teacher

► Lesson Times: Please check preferred time Cost: \$65/session

- 2-2:30pm 2:30-3pm 3-3:30pm 3:30-4pm 4-4:30pm 4:30-5pm 5-5:30pm 5:30-6pm

► Name(s) of Swim Lesson Registrant(s): _____

◆ **Swimmin' 4 Women Lessons: Two Hour Open/Assisted Swim Lessons from 4-6pm, Saturdays**

No advance registration required. Pay as you go. Cost: \$10/lesson

Or Discount for Fall/Winter Card, good for 10 visits, any Saturday Cost: \$85/card
(Card can be shared by multiple participants; no refund for unused visits.)

Fall/Winter Dates: Oct 16, 23, 30, Nov 6, 20, Dec 4, 11, Jan 8, 15, 22, 29

► **Step Two: Please review and assign a current Swimming Level to registrant(s) below*.**

Level #1: Non-Swimmer	Level #6: Freestyle w/ Rotary Breathing
Level #2: Places Head Underwater	Level #7: Freestyle and Backstroke
Level #3: Front and Back Float	Level #8: Advanced Swimmer
Level #4: Front/Back Float w/Kick	Level #9: Adult Non-Swimmer
Level #5: Freestyle w/ No Breathing	Level #10: Person with Disabilities (please provide details)

► **Step Three: Please provide us with registrant(s) information. Children must be 4 years old.**

Name of Participant #1: _____ Age: _____ *Level: _____

Name of Participant #2: _____ Age: _____ *Level: _____

Parent's Name: _____ Phone: _____

Address: _____ City/State/Zip: _____

E-mail address to best contact you: _____

► **Step Four: Please sign this Release of Liability (Required), Make Payment and Mail**

Greater Toledo Aquatic Club/St Francis de Sales High School Release of Liability:
The undersigned participant or legal guardian of the participant does hereby release the Greater Toledo Aquatic Club (GTAC) and St Francis de Sales High School from any and all claims arising out of any injury to or damages sustained by the participant in the course of participation in the instructional swimming programs operated by GTAC. By signing this Release of Liability, the undersigned intends to and does hereby waive any claims which might have otherwise been made against GTAC or St Francis de Sales High School or its employees, agents or directors.

Signature of Legal Guardian: _____ Date: _____

Fees: \$65 per registrant per session for Four Private One-on-One Lessons

\$85 per each Swimmin' 4 Women Discount Card (Good for 10 visits)

Please make check payable to the Greater Toledo Aquatic Club and mail with completed form to:
GTAC Swim School, 2323 W. Bancroft St., Toledo OH 43607

Please e-mail cynthiamillen@gmail.com or call 419-531-2800 with questions. Confirmation will be sent via e-mail.

NOTE: THERE ARE NO REFUNDS, CREDITS OR PRO-RATION GIVEN IF STUDENT MISSES LESSONS.

The Spring and Summer Swim School schedule will be posted in January at www.gtacswim.com