

## After School Program

### February & March Swim Lessons

- Scheduled :
  - Tuesdays Ages 5-9 years old 3:30- 4:00 pm  
Choose from either beginner or an advance class
  - Thursdays Ages 10-13 years old 3:30-4:00 pm  
Choose from either beginner or an advance class



- Prices:
  - Includes eight weeks of lessons two times a week
  - Members: \$25 per child/ \$10 discount per child for multiple children
  - Non- members: \$75 per child/\$10 discount per child for multiple children

No refunds for missed lessons Missed lessons due to weather or other circumstances will be added at the end of the month

The registration form for each swimmer must be filled out before the beginning of the first swim lesson, along with the full payment

For questions contact the Bluefield Fitness and Recreation Center at 304-325-5707 College Ave. Bluefield, West Virginia 24701



703 College Avenue  
Bluefield, WV 24701  
304.325.5707

[www.cityofbluefield.com](http://www.cityofbluefield.com)

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Youth Swim Lessons

Amount PAID:

Received by:

Participant's Name: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 10/15/2018: \_\_\_\_\_

Participant's Grade: \_\_\_\_\_ Type of Class: (Beginner/Advance)

Session Date: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ \*Cell Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\*Email: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary: \_\_\_\_\_

A brief description of what the participant can or cannot do in the water:

\_\_\_\_\_

**Youth Swim Lessons Waiver**

I/We the parents or guardians of the above-name participant in the Bluefield Recreation Department sponsored activity, hereby give my/our consent for his/her participation in the above-mentioned program during the current season. We understand that due to the nature of the above-mentioned activity, injuries may occur. I/We understand there are certain risks and hazards associated with my/our child's participation in this program. I/We hereby release and hold harmless the City of Bluefield and its employees, the Parks and Recreation Department and any other person acting on behalf of the City of Bluefield, from any liability or claim due to injury sustained during the above-mentioned activity. I/We authorize the staff and/or volunteers of the Bluefield Recreation Department to seek emergency medical attention for my/our child in the event an injury occurs in my absence.

I/We agree to return the equipment issued to my child in the same condition as when it was received except for normal wear and tear. I understand that if this property is not returned when requested, I am obligated to pay for it at replacement value and my/our child may not be allowed to participate in Recreation activities until the replacement value is collected. I/We understand that my/our child may be suspended from the program for use of profanity, abusive behavior at staff or volunteers, damage to property or other violations of the code of conduct as specified. I/We hereby give my/our consent for my/our child's photograph and/or name to be placed on the Department's Web page or other media.

Legal Guardian Signature: \_\_\_\_\_

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