



# Cedar Springs Area Parks & Recreation



## **NOW OFFERS WITH KENT CITY POOL** **INTERMEDIATE TO ADVANCE SWIM LESSONS**

These classes will be for elementary aged students that have some basic skills and are ready to swim laps. They should be able to treadwater for one minute, swim a few body lengths underwater, and have some freestyle and back stroke skills. They should be able to float on their back and attempt rotary breathing with freestyle.

**WHEN: MON. 7:15-8:00 PM OR SAT. 10:00-10:45AM**

**Classes start the week of February 18<sup>th</sup> and run 6 weeks on Mondays  
and 5 weeks on Saturday beginning February 25<sup>th</sup>**

**WHERE: KENT CITY HIGH SCHOOL POOL**

**COST: \$50 or 60.00 PER CHILD IF IN KENT CITY  
DISTRICT DEPENDING ON DAY**

**\$55 or 65.00 PER CHILD IF OUTSIDE OF KENT CITY SCHOOLS**

**DEADLINE TO REGISTER IS FEBRUARY 14<sup>TH</sup>**

REGISTRATION CAN BE MADE VIA CASH OR CHECKS MADE PAYABLE TO "CSAPR" BY MAILING OR DROPPING  
OFF AT CSAPS HILLTOP IN OUR DROP BOX OR YOU CAN GO AND PAY ONLINE VIA CREDIT CARD FOR A \$3.00 PROCESSING FEE AT

[REGISTER.CSAPARKSANDREC.COM](http://REGISTER.CSAPARKSANDREC.COM)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Circle Session Attending: MONDAYS (7:15-8:00PM) SATURDAYS (10:00-10:45AM)

Parent's Name: \_\_\_\_\_ Parents DOB#: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

Name of township/city of residence: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*-I am aware of the possibility of injuries that exist with the participation in all recreational programs. I understand the Cedar Springs Area Parks & Recreation Dept., Cedar Springs Public Schools, Kent City Public Schools and the instructors are NOT responsible for injuries that may occur during camps, clinics, and programs or for personal items brought to the programs.*

*-I authorize, without compensation, that any images of the participant taken during this program to be deemed the exclusive property of CSAPR and free for use in marketing, social media or any other publication connected with CSAPR.*

*-I have seen the weather policy and the refund and exchange policy and understand them.*

**\*\*\*CHILDREN PARTICIPATING MUST ALSO HAVE A CONCUSSION AWARENESS FORM ON FILE WITH CSAPR\*\*\***

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

INTERMEDIATE AND ADV. SWIM WINTER SESSION 3-2019		OFFICE USE ONLY CASH CHECK # _____ AMOUNT PAID \$ _____
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