

# KIDS Group Learn to Swim Program 2021



## Session 1

**May 18-June 15**

*(\*No class May 25<sup>th</sup>)*

Water Babies, 5:30pm

Preschool, 6:00pm

Presschool, 6:30pm



**Fee: (Per Session)**

**\$65 Member**

**\$75 Non-Member**

## Session 2

**May 18-June 15**

*(\*No class May 25<sup>th</sup>)*

Water Babies, 10:30am

Preschool, 11:00am

## Session 3

**June 22-July 15**

Preschool, 5:30pm

Preschool, 6:00pm

Beginner, 6:30pm

## Session 4

**July 20-August 12**

Water Babies, 5:30pm

Preschool, 6:00pm

Preschool, 6:30pm

### **Water Babies:**

Parents learn information & techniques to help orient their child to the water. \*Adult must accompany child in the water. Suggested ages 6 months to 3 years.

### **Preschool:**

Preschool aged children learn basic water safety & aquatic/swimming skills to include supported floats, submerging, glides and arm/ leg movements. Suggested ages 3 to 5 years – approximately.

### **Beginner:**

Stroke Readiness: ages 5-7 years - approximately. Children learn beginner strokes & water safety. Students should already be able to swim forward, float on his/her back & be able to jump in by him/herself.

**\*Private small group lessons (2-3 participants) and Private individual swimming lessons are also available.**

**Call for more info or pick up a registration/request form at the front desk.**

### **HealthPoint Fitness**

2126 Independence St.

Cape Girardeau, MO 63701

Email: amoeckel@sehealth.org



Classes include  
8 x 30 min. sessions every  
**Tuesday & Thursday**  
for 4 weeks.

\*Must have a minimum of  
3 participants to offer the  
full session.

# Healthpoint Learn-to-Swim Registration:

## Participant Information:

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Medical Information:

Does the participant have any medical condition the instructor should be aware of?

If Yes, Please explain:

## Participant Info: Please check all that apply to participant

- ☐ Has had previous swim instruction ☐ Is fearful of the water ☐ Is confident in the water  
☐ Has never had swim instruction/lessons ☐ No water experience ☐ Comfort level unknown

## Guardian Information:

Emergency/Parent Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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<input type="checkbox"/> Water Babies, 5:30pm	<input type="checkbox"/> Water Babies, 10:30am	<input type="checkbox"/> Preschool, 5:30pm	<input type="checkbox"/> Water Babies, 5:30pm
<input type="checkbox"/> Preschool, 6:00pm	<input type="checkbox"/> Preschool, 11:00am	<input type="checkbox"/> Preschool, 6:00pm	<input type="checkbox"/> Preschool, 6:00pm
<input type="checkbox"/> Preschool, 6:30pm		<input type="checkbox"/> Beginner, 6:30pm	<input type="checkbox"/> Preschool, 6:30pm

☐ Member: \$65.00 ☐ Non-Member: \$75.00

Indicate Payment Type: ☐ Credit Card ☐ Cash ☐ Check

Card Type: \_\_\_\_\_ Card # \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_

Southeast Missouri Hospital's Swimming Lesson Program is intended to help participants learn to swim, which involves a considerable amount of physical activity. I understand that during participation of swimming lessons the participant may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks include, but are not limited to, the dangers of serious personal injury, or death from exposure to the hazards of the use of the facility. I know that injuries and death can occur by natural causes or activities of other persons, or the nature of the activity, either as a result of negligence or because of other rea-sons. By signing your child and/or yourself up for this program you are voluntarily assuming the possibility that a medical emergency might occur, and you agree to not hold Southeast Missouri Hospital liable for this kind of personal injury or illness. If our swim instructors have reason to believe that the participant is at high risk for experiencing a serious medical problem, they may suspend participation pending receipt of a physician's recommendation.

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

(Parent's signature required for all participants less than 18 years of age.)