

LONG ISLAND SWIM SCHOOL

FALL 2011

The Long Island Swim School is open for children ages 2 through 10, beginners through intermediates. The main emphasis of the program is on teaching children to swim correctly and develop essential water skills in a relaxed environment.

PLACE: 750 F Stewart Avenue, Garden City, NY, 11530 *Rear Entrance behind Ethan Allen Building*
DATES:

| | |
|--|---|
| Session I | Session II |
| September 8 – October 29 | October 31 - December 21 |
| 8 weeks for Thursday, Friday and Saturday 7 weeks for Monday, Tuesday and Wednesday | 8 weeks for Monday, Tuesday and Wednesday 6 weeks for Thursday, Friday and Saturday |
| | Thursday, Friday and Saturday classes will meet 6 weeks due to Thanksgiving and Christmas NO CLASSES on Thurs. 11/24, Fri. 11/25, Sat. 11/26, Thurs. 12/22, Fri. 12/23 and Sat 12/24 |

CLASS Descriptions

The **TOT CLASS** is open for children between the ages of 2 and 3.5 – the children must wear a double swim protector under their suit to be able to enter the pool. They will be available for purchase if you do not have them. The difference in price is due to the student/teacher ratio.

TOT 1 is for a first time member to our school – they will receive a 1:1 teacher/student ratio to familiarize them with the environment, allow for the separation and create a joy for the water –

TOT 2 is for all others who have already graduated from TOT 1 – children in this class will receive a 1:3 teacher/student ratio. These children are able to separate from their guardian and have the safety device placed on their back without commotion.

TOT 1 and 2 are available at the times listed as **TOT CLASS** –

The **CLASS** is open for children between the ages of 3.5 and toilet trained through the age of 10. Children are grouped according to age and ability within each class.

PRIVATEES are available for children who are in our classes and require additional pool time. Please call the office to schedule them. 516-378-8467

CLASS TIMES for swimmers age 3.5 - 10

| TIMES | Monday | Tuesday | Wednesday | Thursday | Friday | Times for Saturday Only | Classes for Saturday Only |
|--------------|-----------|-----------|-----------|-----------|-----------|-------------------------|---------------------------|
| 9:00-10:00 | PRIVATEES | PRIVATEES | PRIVATEES | PRIVATEES | PRIVATEES | 9:00-9:40 | CLASS |
| 10:00-10:40 | XXXXXXXX | CLASS | XXXXXXXX | CLASS | PRIVATEES | 9:45-10:25 | CLASS |
| 10:45-11:25 | XXXXXXXX | CLASS | XXXXXXXX | CLASS | PRIVATEES | 10:30-11:10 | CLASS |
| 11:30-12:10 | CLASS | XXXXXXXX | CLASS | XXXXXXXX | XXXXXXXX | 11:15-11:55 | CLASS |
| 12:00-1:15pm | PRIVATEES | PRIVATEES | PRIVATEES | PRIVATEES | PRIVATEES | 12:00 –12:40 | CLASS |
| 1:15-1:55 | CLASS | CLASS | CLASS | CLASS | XXXXXXXX | 12:45-1:15 | TOT CLASS |
| 2:00-2:30 | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | XXXXXXXX | 12:45-5:00 | PRIVATEES |
| 3:40-4:20 | CLASS | CLASS | CLASS | CLASS | CLASS | | |
| 4:25-5:05 | CLASS | CLASS | CLASS | CLASS | CLASS | | |
| 5:10-5:50 | CLASS | CLASS | CLASS | CLASS | CLASS | | |
| 5:55-6:35 | CLASS | CLASS | CLASS | CLASS | CLASS | | |
| 6:45-8:15 | TEAM | TEAM | TEAM | TEAM | TEAM | | |

CLASS TIMES for TODDLERS ages 2 - 3.5

| Times | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|-----------|-----------|-----------|-----------|--------|
| 10:00 – 10:30 | TOT CLASS | XXXXXXXX | TOT CLASS | XXXXXXXX | XXXXXX |
| 10:30 – 11:00 | TOT CLASS | XXXXXXXX | TOT CLASS | XXXXXXXX | XXXXXX |
| 11:00 – 11:30 | TOT CLASS | XXXXXXXX | TOT CLASS | XXXXXXXX | XXXXXX |
| 11:30 – 12:00 | XXXXXXXX | TOT CLASS | XXXXXXXX | TOT CLASS | XXXXXX |
| 2:00 – 2:30 | TOT CLASS | TOT CLASS | TOT CLASS | TOT CLASS | XXXXXX |

LONG ISLAND SWIM SCHOOL FALL 2011 FOR TOTS ONLY (ages 2-3.5)

| | |
|---|--|
| Parent's Name: | Phone Number: |
| Address: | Cell Number: |
| | E-Mail: |
| Child | Birthday / Age |
| Fee: +\$10.00 annual registration fee = | Make checks payable to: Long Island Swim School APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A SIGNED WAIVER |

PLEASE CHOOSE YOUR SESSION AND CLASS TIME:

| | | | | | | |
|---|-------------------------------------|-------------------------------------|--|---------------------------------------|----------------|--|
| TOTS session I Circle T1 or T2 Place your Child's name in the box indicating your day & time | Mondays 9/12- 10/24 7 classes | Tuesdays 9/13-10/25 7 classes | Wednesdays 9/14- 10/26 7 classes | Thursdays 9/8 - 10/27 8 classes | Saturday Time | Saturdays 9/10 - 10/29 8 classes |
| | T1 \$175 Or T2 \$133 | T1 \$175 Or T2 \$133 | T1 \$175 Or T2 \$133 | T1 \$200 Or T2 \$152 | | T1 \$200 Or T2 \$152 |
| | 10AM-10:30AM | XXX | | XXX | | XXXX |
| | 10:30-11:00AM | XXX | | XXX | | XXXX |
| | 11:00 - 11:30AM | XXX | | XXX | | XXXX |
| | 11:30 - 12:00PM | XXXX | | XXXXX | 12:45 - 1:15PM | |
| | 2:00 - 2:30PM | | | | | XXXX |

| | | | | | | |
|--|--------------------------------------|-------------------------------------|--|--|----------------|--|
| TOTS session II Circle T1 or T2 Place your Child's name in the box indicating your day & time | Mondays 10/31- 12/19 8 classes | Tuesdays 11/1-12/20 8 classes | Wednesdays 11/2- 12/21 8 classes | Thursdays 11/3 - 12/15 6 classes | Saturday Time | Saturdays 11/5 - 12/17 6 classes |
| | T1 \$200 Or T2 \$152 | T1 \$200 Or T2 \$152 | T1 \$200 Or T2 \$152 | T1 \$150 Or T2 \$114 | | T1 \$150 Or T2 \$114 |
| | 10AM-10:30AM | XXX | | XXX | | XXXX |
| | 10:30-11:00AM | XXX | | XXX | | XXXX |
| | 11:00 - 11:30AM | XXX | | XXX | | XXXX |
| | 11:30 - 12:00PM | XXXX | | XXXXX | 12:45 - 1:15PM | |
| | 2:00 - 2:30PM | | | | | XXXX |

PRICE:

| | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 16 Tot 2 = \$304.00 | 16 Tot 1 = \$400.00 | 15 Tot 2 = \$285.00 | 15 Tot 1 = \$375.00 |
| 14 Tot 2 = \$266.00 | 14 Tot 1 = \$350.00 | 13 Tot 2 = \$247.00 | 13 Tot 1 = \$325.00 |
| 8 Tot 2 = \$152.00 | 8 Tot 1 = \$200.00 | 7 Tot 2 = \$133.00 | 7 Tot 1 = \$175.00 |

HOW TO REGISTER: FILL OUT THIS FORM ALONG WITH THE WAIVER, page 4,
PAYMENT MUST BE IN FULL FOR EACH CHILD.
NO SPOT WILL BE HELD WITHOUT PAYMENT

PAYMENT: MAKE CHECK PAYABLE TO: Long Island Swim School
Send application and check to: Long Island Swim School, 750 F Stewart Ave., Garden City, NY 11530
ATT: Alexis Skelos

*Acceptance is based on a FIRST COME – FIRST SERVE basis.

*In order to maintain our low instructor – to – swimmer ratio; it is impossible to accommodate Make – Ups unless you have registered for session I and II prior to the beginning of session I.

***PLEASE CHECK CAREFULLY THE DATES OF THE SESSION YOU REGISTER FOR**

REFUND POLICY: NO REFUND AFTER THE FIRST LESSON

*A \$10.00 annual Registration/Insurance fee will be collected the first time a student enrolls in a calendar year and every Summer session thereafter. This fee is non-refundable.

Mid-session enrollment is based on space availability and will be pro-rated

PAYMENT for Session I and Session II paid in full prior to the first Session entitles you to one (1) make-up class. This class must be scheduled and approved 1 week prior to attending and used by 12/21/11. This cannot be used as a credit for another session. No refund on either session once the first session has begun.

Waiver/ Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, _____, the enrolled participant and/ or the parent / guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in swim lessons and hereby agrees to indemnify and hold harmless Long Island Swim School, Hobieswim, its coaches, instructors, officer's directors, agents and employees against any liability resulting from any injury that may occur to the participant during swim lessons. The participant also agrees to indemnify Long Island Swim School and Hobieswim for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Long Island Swim School to have the participant treated in any medical emergency during their participation in lessons. Further, the participant and/ or parent/ guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/ health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Participant or Parent / Guardian)

Date: _____

Signed: _____

Date: _____