

LONG ISLAND SWIM SCHOOL
WINTER - SPRING 2009
516.378.8467
longislandswimming.com

The Long Island Swim School is open for children ages 4 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: Indoor Heated Pool at the Corporate Fitness Center in the Omni Building 333 Earle Ovington Blvd.,
 Uniondale

| | | |
|-------------------------|--|---|
| Session III | Session IV | Session V |
| January 5 – February 14 | February 23 – April 8 | April 20 – June 27 |
| 6 weeks | 7 weeks | 10 weeks |
| | Thurs. Friday and Saturday classes will meet 6 weeks due to Easter NO CLASSES 4/9, 4/10, 4/11 | Monday and Saturday classes will meet 9 weeks due to Memorial Day NO CLASSES on Sat. 5/22, Mon. 5/24 |

| TIMES | Monday | Tuesday | Wednesday | Thursday | Friday | Times for Saturday Only | Classes for Saturday Only |
|-------------|--------|---------|-----------------------------------|----------|--------|-------------------------|---------------------------|
| 10:00–10:40 | Class | | | | | 9:40-10:20 | Class |
| 1:30-2:10 | | Class | Class | | | 10:30-11:10 | Class |
| 3:40-4:20 | Class | Class | Class | Class | Class | 11:20-12:00 | Class |
| 4:25-5:05 | Class | Class | Class | Class | Class | 12:10 –12:50 | Class |
| 5:10-5:50 | Class | Class | Class | Class | Class | | |
| 5:55-6:35 | Class | Class | Class | Class | Class | | |
| 6:40-7:20 | | | Class Adults Only 21 & Over | | | | |

*A \$10.00 annual Registration/Insurance fee will be collected the first time a student enrolls in a calendar year and every Fall session thereafter.

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

| | | |
|-----------------|------------------|--------------------|
| FEE: | Paper Enrollment | On-Line Enrollment |
| 6 week classes | \$102.00 | \$108.00 |
| 7 week classes | \$119.00 | \$126.00 |
| 8 week classes | \$136.00 | \$144.00 |
| 9 week classes | \$153.00 | \$162.00 |
| 10 week classes | \$170.00 | \$180.00 |

HOW TO REGISTER: On line at www.longislandswimming.com or
 FILL OUT THE FORM ON THE SECOND PAGE ALONG WITH THE WAIVER, page 3, AND RETURN
 THEM IN PERSON OR BY MAIL TO:

LONG ISLAND SWIM SCHOOL
 42 MERRICK AVE., MERRICK, NY 11566

ATT: Dave Ferris

PAYMENT: MAKE CHECKS PAYABLE TO: LONG ISLAND SWIM SCHOOL

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

*In order to maintain our low instructor – to – swimmer ratio (1:5), it is impossible to accommodate MAKE –UPS

PLEASE CHECK CAREFULLY THE SESSION, TIME AND CLASS FOR WHICH YOU ARE REGISTERING

REFUND POLICY: NO REFUND AFTER THE FIRST LESSON

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NAME (PARENT) _____ PHONE(HOME) _____

ADDRESS _____ PHONE (CELL) _____

_____ E-MAIL _____

CHILD _____ BIRTHDAY / AGE _____

Please circle your session: session III session IV session V

I would like to register for the following day: _____
Write the day of the week

I would like to register for the following time on that day: _____
Write the time for the day you would like

FEE: _____ +\$10.00 one time registration fee = _____

CHILD _____ BIRTHDAY / AGE _____

Please circle your session: session III session IV session V

I would like to register for the following day: _____
Write the day of the week

I would like to register for the following time on that day: _____
Write the time for the day you would like

FEE: _____ +\$10.00 one time registration fee = _____

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT A SIGNED WAIVER

FOR OFFICE USE ONLY

TOTAL DUE: _____ AMOUNT PAID: _____

CHECK NUMBER: _____

DATE RECEIVED: _____ DATE NOTIFIED: _____

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, The Corporate Fitness and Omni Partners LP, its coaches, instructors, officers directors, agents and employees against any liability resulting from any injury that may occur to the participating in swim lessons. The participant also agrees to indemnify Long Island Swim School, The Corporate Fitness and Omni Partners LP 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 participation 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: _____

Date:

(Participant or Parent / Guardian)

Signed: _____

Date:
