

## Child Summer Swim Lessons Ages: 5-17

### Level 1 Child's Beginner:

*Little or no previous swimming experience.*

In this class the student will:

- Learn to enter the pool safely.
- Learn to kick and blow bubbles with kick board.
- Learn to change direction while paddling.
- Learn front and back float.
- Learn to bob in water with head submerged.
- Swim 3 arm strokes independently.

Sessions are \$15 for Members and \$30 for Non-Members

#### Lessons are Monday-Thursday for Two Weeks

June 30-July 10	July 14-24	July 28-Aug 7
<del>9-9:45am</del>	<del>9-9:45am</del>	9-9:45am
<del>9-9:45am</del>	<del>9-9:45am</del>	9-9:45am
<del>9-9:45am</del>	4-4:45pm	<del>10-10:45am</del>
<del>4-4:45pm</del>		<del>4-4:45pm</del>

Just Added!!

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#### Saturday Lessons (6 Saturdays)

June 7-July 12	<del>10:30-11:15pm</del>
July 19-Aug. 23	10:30-11:15pm



Sessions are \$15 for Members and \$30 for Non-Members

### Level 2 Child's Intermediate:

In this class the child will:

- Learn to enter pool by jumping in shallow.
- Learn to pick up submerged object from 3.5 feet
- Learn front and back glide with streamline two body lengths.
- Learn to roll over from front float and back float independently.
- Be able to do front and back stroke independently 5 arms strokes.
- Be introduced to freestyle/backstroke.

#### Lessons are Monday-Thursday for Two Weeks

June 30-July 10	July 14-24	July 28-Aug 7
<del>10-10:45am</del>	<del>10-10:45am</del>	<del>10-10:45am</del>
<del>4-4:45pm</del>	<del>4-4:45pm</del>	<del>4-4:45pm</del>

#### Saturday Lessons (6 Saturdays)

June 7-July 12	<del>11:30-12:15pm</del>
July 19-Aug. 23	11:30-12:15pm



### Level 3 Child's Advanced:

In this class the child will:

- Learn to enter the pool by jumping in deep end.
- Learn to tread water for 15 seconds.
- Learn to freestyle and backstroke independently.
- Learn to pick up submerged item from 6 feet.
- Learn rotary breathing every third stroke.
- Be introduced to breaststroke.

Sessions are \$15 for Members and \$30 for Non-Members

#### Lessons are Monday-Thursday for Two Weeks

June 30-July 10	July 14-24	July 28-Aug 7
<del>5-5:45pm</del>	5-5:45pm	<del>5-5:45pm</del>

#### Saturday Lessons (6 Saturdays)

June 7-July 12	<del>12:30-1:15pm</del>
July 19-Aug. 23	12:30-1:15pm



### Level 4 Child's Challenge:

In this class the child will:

- Learn freestyle with rotary breathing one pool length.
- Learn front glide using kick board one pool length.
- Learn backstroke with flutter kick one pool length.
- Complete a standing dive independently.
- Learn Breaststroke/Elementary backstroke/ Side Stroke.

Sessions are \$15 for Members and \$30 for Non-Members

#### Lessons are Monday-Thursday for Two Weeks

June 30-July 10	July 14-24
<del>10-10:45am</del>	10-10:45am

#### Saturday Lessons (6 Saturdays)

July 19-Aug. 23	1:30pm-2:15pm
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2101 Walker Solomon Way  
 Columbia, SC 29204  
 (803) 545-3200  
 www.drewwellnesscenter.com

**Child Summer Swim Lesson Registration: \$15 for Members, \$30 for Non-Members**

Participant's Name: \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Gender \_\_\_\_\_ Circle: Member or Non-Member

Parent/Guardian: \_\_\_\_\_ Parent Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**\*\*In the event of inclement weather, what is the best way to notify you of sudden class cancellations? Please Circle: Phone Email**

**LIABILITY STATEMENT**

**In consideration of the services and facilities provided by the City of Columbia, its employees, agents, and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out my child's participation in this program.**

**I am fully aware of risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity.**

**I agree that photographs, recordings, or any other record may be used for the purpose of promoting programs operated or sponsored by the City of Columbia.**

**In case of illness, I authorize a representative of the City of Columbia to obtain immediate care deemed necessary by licensed medical personnel.**

**I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.**

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

.....  
 For Office Use Only: .....

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_ Class Time/ Date/Level: \_\_\_\_\_