



2019 Camp WRN Swim Program



Welcome to the 2019 Swim Program at Camp WRN! We're excited to have your campers swimming with us and know they will gain some great skills, build confidence, and learn a healthy respect for the water... all while having a good time!

About Our Aquatic Staff: Our coaches and lifeguards are all Red Cross certified and have many years of experience working with children of all ages and skill levels, from beginners to the more advanced.

Water Show: Swimmers will participate in a water performance on the last day of each class, to showcase the skills they learned through our summer swim program. Family members are welcome to attend.

Cancellation/Vacation Policy: Classes cancelled due to weather or student illness will be made up the week of July 1-July 3 and July 29-August 1. Client withdrawal from any session must be submitted in writing to the school office TWO WEEKS PRIOR to the start of the session to receive a full refund. After that date, a physician's note and credit toward future classes may be given. Classes missed due to vacations, field trips or clinics will not be made up.

Tuition & Parent/Guardian Information/ Registration:

Full Session: (8) 45 minute classes- \$130.00

Tuition for swimming classes is billed through Tuition Express, along with yourcamp tuition. _____
Parent Signature

Placements are made on a first come, first serve basis. ALL SWIM STUDENTS MUST BE AT LEAST 3 YEARS OLD AND POTTY TRAINED.

Class Format~ Lessons are held Monday-Thursday for 2 consecutive weeks/ 8:1 student/teacher ratio/ Classes are from 8:30- 12:30. Two sessions are recommended for swimmers under the age of 4.

Child's Name: _____ Age: _____ DOB: _____ Teacher/Grade: _____

Please rate your child's skills in the water (Use a check mark):

_____ Fearful of the Water _____ Blows Bubbles _____ Puts Face in Water _____ Swims Face Down _____ Treads Water
_____ Side Breathes _____ Floats on Back _____ Ready for Advanced Strokes _____ Ready for Competition Skills

Please share anything that would help your child be more comfortable in the water: _____

Parent's Name: _____ Cell: _____ Phone: Wk: _____

Alt. # _____ Parent e-mail: _____

Address: _____ City: _____ ST: _____ Zip _____

INITIAL THE SESSIONS YOU WOULD LIKE TO REGISTER YOUR SWIMMER FOR.

_____ Session 1: June 3-6/ 10-13 _____ Session 2: June 17-20/ 24-27 _____ Session 3: July 8-11/ 15-18 _____ Session 4: July 22-25/ July 29- August 1 TOTAL SESSIONS YOU ARE ENROLLING FOR: _____

Questions: Contact the school office: 214-348-7410 or email us: A_Adams@WhiteRockNorthSchool.com

I understand the registration information provided and my child is in good health and may participate fully in swimming classes and related activities.

Parent Signature of Consent: _____ Date: _____

