

2025 Swim Lessons Registration Form

Wray Aquatic Center

240 W. 6th – P.O. Box 35 Wray, CO 80758 • Phone: (970)332-5345

*** Please Note: No Private Lessons will be taught. ***

These classes are for children 4 years & older.

Children will be divided in smaller groups as needed according to numbers and/or skill level.

Your child may be moved to a different level based on the instructor's evaluation of his/her skills.

You may only sign up for one session at a time. Once 1st session is complete, you may sign up for the next session if spots are available.

Parent/Guardian: _____ Phone Number: _____

Address: _____

Emergency Contact Name & Phone Number (other than parent/guardian listed above): _____

Medical Information: Does your child have any medical conditions that would affect his/her participation in swim lessons? If so, what are those conditions and, if they occur, how should the pool staff react? _____

PARTICIPANT'S INFORMATION:

Name _____ Age _____ Session(1-3) _____ Level(1-6) _____ Time _____

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Name _____ Age _____ Session(1-3) _____ Level(1-6) _____ Time _____

Name _____ Age _____ Session(1-3) _____ Level(1-6) _____ Time _____

***SESSIONS, DATES & TIMES:**

SESSION 1: JUNE 9-13, 2025 | 10:00 AM & 11:00 AM

SESSION 2: JUNE 23-27, 2025 | 9:00 AM, 10:00 AM & 11:00 AM

SESSION 3: JULY 14-18, 2025 | 5:30 PM, 6:30 PM & 7:30 PM

****Classes last for 1 hour each day, Monday - Friday, for one week.***

*****Skill levels are according to prior swim lessons, except Level 1.***

****SKILL LEVELS:**

Level 1 Water Exploration

Level 2 Primary Skills

Level 3 Stroke Readiness

Level 4 Stroke Development

Level 5 Stroke Refinement

Level 6 Skill Proficiency

Cost: \$30.00 (per session / per participant)

Payable to: City of Wray

Waiver Statement: I hereby give my permission for the above named to participate in the swim program with the Wray Aquatic Center, City of Wray. I understand that we are doing so under our own risk and hereby release and forever discharge the City of Wray, its employees, officers, and agents from any injuries or damages arising from participating in this program. I have read and understand this statement.

Photo Release: By signing this registration, I grant consent for my minor's photograph to be taken while participating in these swim lessons with the City of Wray, to use and publish photographs of minor in all forms of media including, but not limited to, Wray Aquatic Center newsletter, flyers, Facebook and website use. I hereby waive any right I may have to review, inspect, edit or approve such publication and I release the City of Wray from any claims I may have against it for use of such photographs.

Signature: _____ **Date:** _____

Date Paid: _____ Check #: _____ Cash: _____ Initials of Employee: _____

Accepting Payment

Total Amount Paid: _____