



Learn To Swim Program

PO BOX 8364
Long Beach, CA 90808

Phone: 562.370.6654
Email: lessons@lakewoodaquatics.org
Website: lakewoodaquatics.org

Information for Lakewood Aquatics Learn To Swim Program

Welcome:

And thank you for your interest in the Lakewood Aquatics Learn to Swim program. Our swim lessons provide children with a safe and healthy environment that allows them the opportunity to become water safe and to learn all four competitive strokes.

Lessons:

Lessons are comprised of three levels: **Beginning, Intermediate and Advanced**. Each swimmer is assigned to a level by the coach according to ability. The maximum number of swimmers in any lesson group is four (4). All swimmers should have a pair of goggles and a swim cap (for long hair).

- **Beginning:** In this level the swimmer will learn streamline position, floating on back, putting face in water and blowing bubbles and freestyle arm and leg movements. To complete this level a swimmer must be able to kick while floating on back, roll to front and swim to the wall.
- **Intermediate:** In this level the swimmer will learn to push off the wall in a streamline position, breathing to the side for freestyle, backstroke arm and leg movements and breaststroke kick. To complete this level a swimmer must be able to swim freestyle and backstroke for 50 yards unassisted.
- **Advanced:** In this level the swimmer will learn breaststroke and dolphin kick, dives, flip turns, breaststroke arm and leg movements and butterfly arm and leg movements. To complete this level a swimmer must be able to swim 50 yards freestyle and backstroke and demonstrate a basic competence of breaststroke, butterfly, dives and turns.

Lesson Times:

- **30 minutes classes held Mondays & Wednesdays & Fridays.** Tuesday/Thursday classes may be added if M/W/F classes are full.
- Lessons are held from **5:00pm-7:00pm**. Any deviation from our regular schedule will be posted on the website lakewoodaquatics.org on the CALENDAR page under the READ COACHES UPDATE button, or you will be notified by email or by phone.
- Lessons are held at the **Cerritos College Aquatics Center on Alondra Blvd**. See web site for Map.



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Information Cont...

Fees:

- Monthly fees are **\$64 for eight 30 minutes lessons in an 8 week Session or \$128 for eight 60 minute lessons.** If there are lessons that fall on holidays in any month, or the pool is closed for some reason, make-up dates will be made available.
- Monthly Session fees are prepaid and are **due the 1st at the first lesson of the session or when you join.** Swimmer's will not be allowed to swim if account is not paid in full.
- **Absences from lessons are non-refundable but makeup days are available.**
 - If possible, lesson make-ups must be completed in the same calendar month that the absence took place. Only one (1) make-up lessons can be given in any one month. If a make-up lesson is scheduled and subsequently missed or cancelled, there will be no refund or second make-up allowed. Contact the Coordinator to arrange a makeup.

Registration:

Every swimmer must join USA Swimming— the cost is **\$55.00 per calendar (Jan-Dec) year.** (Check payable to *Southern California Swimming.*) USA Swimming registration is required as it covers the liability insurance for our swimmers and team. Without this registration, a swimmer is not allowed in the pool.

IMPORTANT: When registering for the team, please bring a certified copy of the swimmer's birth certificate or his/her passport. USA Swimming requires that all birth dates be verified for registration and without USA Swimming registration, the swimmer cannot be in the water.

To register, fill out all pages of the registration packet, bring a copy of your swimmer's birth certificate, one check for \$55 payable to Southern California Swimming and another check payable to Lakewood Aquatics in the amount of \$64 (for standard 8 week/8 30 minute lesson Session registration—joining mid-month will be a different amount.)

This packet, as well as other information, is available for printing on our website lakewoodaquatics.org under **Learn to Swim Program.** For other questions please contact the Learn to Swim Coordinator, at lessons@lakewoodaquatics.org or **562-370-6654.**

Thank you!



Learn To Swim Program

Registration Form

Family Information:

Father's Name: _____

Mother's Name: _____

Mailing Address: _____

Home Phone #: _____

Father's Work Phone #: _____ Father's Cell Phone #: _____

Mother's Work Phone #: _____ Mother's Cell Phone #: _____

Primary Email: _____

Swimmer Information:

Name (Last, First, Middle Initial)	Age	Date of Birth	M/F	Monthly Fees
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
				\$ _____ TOTAL 1

Learn to Swim Fees

One 30 minute lesson MON WED FRI for 8 weeks
 (one lesson per week x 8 weeks = \$64 Two lessons per week x 8 weeks = \$128
 Three lessons per week x 8 weeks = \$192.00) \$8.00 per lesson

5:00-5:30 5:30-6:00 6:00-6:30 6:30-7:00

OR \$ 8.00
 Pro-rated per lesson fee when joining mid-month (No pro-rating for missed lessons)

Registration Checklist:

Date of Birth verified. Please provide a copy of each swimmer's Birth Certificate
 Check #1 made payable to *Lakewood Aquatics* for Learn to Swim Lessons

USA Swimming Membership Form completed. \$55 annual fee for each swimmer is mandatory
 Check #2 made payable to *Southern California Swimming (SCS)* for USA Swimming Membership

\$ 55.00 TOTAL 2

I have received and read all of the information outlined on the *Information for Lakewood Aquatics Learn To Swim Program*. I understand and agree to abide by the procedures set in place for the Lakewood Aquatics Learn to Swim program.

\$ _____ GRAND TOTAL (1&2)

How did you find Lakewood Aquatics? Friend KidsGuide Flyer Internet Search

Signature of Parent or Guardian

Date:

Signature of Parent or Guardian

Date:

FOR OFFICIAL USE ONLY

Emergency Forms received USA Swimming membership completed DOB Verified Monthly Payment Received

Emergency Contact and Medical Information for Swimmer

Child's Name _____ Date of Birth _____ M F
Sex

Parent's/Guardian's Name _____ Parent's/Guardian's Name _____

() _____ () _____ () _____ () _____
Home Phone Work Phone Home Phone Work Phone
Cell Phone () _____ Cell Phone () _____

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Alternate Emergency Contacts

Primary Emergency Contact _____ Secondary Emergency Contact _____

() _____ () _____ () _____ () _____
Home Phone Work Phone Home Phone Work Phone
Cell Phone () _____ Cell Phone () _____

Address _____ Address _____

City, ST ZIP Code _____ City, ST ZIP Code _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Insurance Company _____ Policy Number _____

Allergies/Special Health Considerations _____

In the event that neither a parent/guardian or an alternate contact can be reached in the case of an emergency, I hereby authorize employees or agents of Lakewood Aquatics to seek immediate medical treatment for my child listed above if a medical emergency arises during any practice, meet, or event in which the team participates. I also authorize the attending physician or paramedics to perform any emergency treatment, after consultation with the coach or agent if I cannot be reached.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____