Riley Municipal Pool

Swim Lesson Registration $2\overline{024}$

All lessons are Red Cross certified, and are offered in 10 session increments, Mondays – Fridays, except for LEVEL 1 (If student indicates need, level 1 may be extended into the second week at the instructor's discretion). Lessons may be canceled or rescheduled by judgment of the instructors. Swimmers will be registered upon payment received. Each registration is to be completed on a <u>SEPARATE</u> form at a cost of \$30.00. Please make checks payable to the CITY OF RILEY and return to the City Office, 222 S. Broadway or mail to PO Box 314, Riley KS 66531

Session 1: June 10-21 Circle Level of enrollment.

| Level | Time | Meeting Location | |
|-----------------------------|----------------|--------------------------|--|
| Level 1: Water Exploration | 11:00-11:30 AM | Wading/ Kiddie Pool Area | |
| | * June 10-14 | | |
| Level 2: Primary Skills | 11:00-11:45 AM | West Shade Overhang | |
| Level 3: Stroke Readiness | 10:00-10:45 AM | West Shade Overhang | |
| Level 4: Stroke Development | 10:00-10:45 AM | Diving Well/ North End | |
| Level 5: Stroke Refinement | 9:00-9:45 AM | Diving Well/North End | |
| Level 6: Skill Proficiency | 9:00-9:45 AM | Diving Well/North End | |

Session 2: July 15-26

Circle level of enrollment.

| Level | Time | Meeting Location | | |
|-----------------------------|----------------|--------------------------|--|--|
| Level 1: Water Exploration | 11:00-11:30 AM | Wading/ Kiddie Pool Area | | |
| | * July 15-19 | | | |
| Level 2: Primary Skills | 11:00-11:45 AM | West Shade Overhang | | |
| Level 3: Stroke Readiness | 10:00-10:45 AM | West Shade Overhang | | |
| Level 4: Stroke Development | 10:00-10:45 AM | Diving Well/ North End | | |
| Level 5: Stroke Refinement | 9:00-9:45 AM | Diving Well/North End | | |
| Level 6: Skill Proficiency | 9:00-9:45 AM | Diving Well/North End | | |

Swimmer Information

Please indicate with asterisks (*) the phone number to try first if lessons are to be canceled/rescheduled.

| Swimmers Name: | | Age: |
|---------------------------|---------------|---------|
| Parent/Guardian(s) Names: | | |
| Address: | City: | |
| Home Phone: | | |
| Day Care Provider: | Phone Number: | |
| Level of Registration: | Session: | |
| Additional Information: | | Amendan |
| | | |

Payment method: Cash / Check / Card