

### LEARN-TO-SWIM PROGRAM

June 15 to June 26, 2009

Those eligible for this swimming program must be presently in the first grade or higher; or be 7 years of age or older; NO PRESCHOOL OR KINDERGARTEN CHILDREN included in the two week program.

**\* Please use one registration form per child. Make checks payable to the Hummelstown Swim Club and mail with the registration form to Mrs. Ruth Goepfert, 270 Linden Rd., Hummelstown, PA 17036.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Present Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**By May 15<sup>th</sup> Starting May 16<sup>th</sup>**

**Check One:**  HSC Member \$10.00 \$15.00

Non-Member \$20.00 \$25.00

\* Pay fee as listed above \*

Level completed at Hummelstown Swim Club:
<input type="checkbox"/> Level 1 completed
<input type="checkbox"/> Level 2 completed
<input type="checkbox"/> Level 3 completed
<input type="checkbox"/> Level 4 completed
<input type="checkbox"/> Level 5 completed

Otherwise, describe swimming ability: cannot swim, can dive in deep water, can do elementary backstroke, etc.
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Class times will be in The Sun the week before the program starts and posted on the bulletin board at the pool.

**\*\*\*Sign the consent form below\*\*\***

I, the undersigned, give my consent to have my child enter the swimming classes to be conducted at the Hummelstown Swim Club, and follow all rules specified by the Club and Program Supervisor. I understand that the Hummelstown Swim Club and Learn-To-Swim personnel will not be responsible for loss of property, nor injury or death due to accident.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

### Kindergarten Learn-to-Swim

June 22 to June 26, 2009

Those eligible must presently be in kindergarten for the 2007-2008 school year, or at least 6 years of age. NO PRESCHOOL children will be permitted. Contact Linda Strine, 566-2274, to schedule a class time at 9:00 a.m., 10:00 a.m., or 11:00 a.m.

Make checks payable to the Hummelstown Swim Club for \$10.00/per child and mail with the registration form to Mrs. Ruth Goepfert, 270 Linden Rd., Hummelstown, PA 17036. **DO NOT MAIL A REGISTRATION FORM BEFORE SCHEDULING A CLASS TIME.**

#### Kindergarten Registration Form

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Phone Number \_\_\_\_\_ **Circle assigned class time** 9:00 10:00 11:00

**\*\*\*Sign the above consent form\*\*\***