



2017 WGRC Learn to Swim

All West Geauga Recreation Council Learn to Swim classes follow the Red Cross requirements and are taught by American Red Cross certified instructors. Our Pool Manager holds certifications in the following Red Cross areas: Lifeguard, CPR/PR, First Aide, and WSI, (certified by Red Cross to teach swim lessons and lifeguard training). All other guards hold a minimum of Lifeguard, CPR/PR certifications. Water Safety is taught at all levels.

Classes will only be cancelled due to lightning, thunder, heavy rain, or unforeseen emergencies. In the event of a class cancellation, water safety will be taught for one class time. Refunds are not issued for cancelled classes.

Registrants will only be contacted if their request cannot be honored.

ONCE A RESERVATION IS MADE, NO REFUNDS WILL BE GIVEN. Any questions please email swim@wgrc.org.

SESSION NO.	BEGINS	ENDS
Session I	June 5	June 16
Session II	June 19	June 30
Session III	July 3	July 14
*No session on July 4th		
Session IV	July 17	July 28
Session V	July 31	August 11

PLEASE CHOOSE FROM THE FOLLOWING TIMES:

Level 1	2:50 pm
Level 2	2:50 pm or 3:35 pm
Level 3	3:35 pm
Level 4	4:20 pm
Level 5	4:20 pm
Level 6	4:20 pm

Learn to Swim lessons are 40 minutes long

Classes are held Monday through Friday in two-week sessions for 40 minutes each. Reservations are only accepted for 8 children per level, with a maximum of 10 and a minimum of 2 children per level.

COST: \$70.00 for 1st child; \$70.00 for 2nd child; \$65.00 for 3rd child; and \$60.00 for 4 or more children. No refunds.

REGISTER / MAIL: WGRC – Learn to Swim
P.O. Box 393
Chesterland, OH 44026

ADDITIONAL INFORMATION:

Visit our website at www.wgrc.org

Learn to Swim Levels Available and Descriptions

Level 1 / Introduction to Water Skills: This class introduces the child to safe practices in and around the pool. Front and back float and flutter kicks will be the focus of this level. Arm and leg movements for the front and back crawl will start to be developed as well. Independent entry/exit from pool without the use of a ladder, face submersion, and blowing bubbles for 3+ seconds are required to pass to Level 2.

Level 2 / Fundamental Aquatic Skills: Students will learn side breathing during the front crawl and mastery of flutter kick on front and back. Front and back crawl will be completely mastered and student can independently swim a minimum of 1 lap to pass to Level 3.

Level 3 / Stroke Development: For the child ready to work in up to 7 feet of water. Front and back crawl will continue to be mastered at this level. Elementary backstroke will also be mastered. As well as these strokes, student must be physically capable of swimming independently for 40 minutes to move to Level 4.

Level 4 / Stroke Improvement: Students will develop confidence in strokes, increase endurance in front and back crawl and elementary back stroke. Breast stroke will be introduced and mastered and student will be taught how to tread water. Must be able to tread for a minimum of 5 minutes to move to Level 5.

Level 5 / Stroke Refinement: Student further refines their performance of all strokes (front crawl, back crawl, butterfly, breast stroke, elementary backstroke and sidestroke) and treading water. Flip turns on front and back introduced.

Level 6 / Swimming & Skills Proficiency: Students will refine strokes so they can swim with more ease, efficiency, power and smoothness over greater distances. Butterfly stroke will be introduced, as well as components of personal water safety, fundamentals of diving, Lifeguard Readiness, and Fitness Swimmer.

Note: The American Red Cross revamped Class structure in 2004. Students will be evaluated at the first class of each session and placed in their correct level. Lifeguards monitor these levels from outside the pool but will correct strokes individually from within the pool.

Parent Note: Children must be fully potty trained to participate.





WGRC Swimming Registration/Waiver Form

ONE FORM PER CHILD

PLEASE PRINT:

Participant's Name: _____ Grade (In Fall): _____ Participant is a: BOY GIRL

Address: _____ City/Zip: _____

Parents'/Guardians' Names: _____ School Your Child Attends: _____

Primary Phone: _____ Alternate/Emergency Phone: _____

E-Mail: _____ Is your family an active volunteer of the WGRC? _____

Does your child need to be sent to and from Day Camp After Care to the Learn to Swim program? _____

List any allergies or medical conditions of which we should be aware: _____

You may register for multiple sessions using one form per child:

Refer to the WGRC program guide and website to determine session level and time.

Session I	Level: _____	Time: _____
Session II	Level: _____	Time: _____
Session III	Level: _____	Time: _____
Session IV	Level: _____	Time: _____
Session V	Level: _____	Time: _____

Waiver & Permission: I CERTIFY THAT I AM A PARENT (GUARDIAN) OF THE CHILD NAMED ABOVE. IN THAT CAPACITY, I GIVE PERMISSION FOR THE CHILD TO PARTICIPATE IN THE ABOVE NAMED PROGRAM OF THE WEST GEAUGA RECREATIONAL COUNCIL (WGRC). I ALSO SAVE AND HOLD HARMLESS THE WGRC, WEST GEAUGA SCHOOLS AND ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM AND AGAINST ALL CLAIMS ARISING OUT OF DAMAGE TO PROPERTY OR INJURY TO PERSON(S) ASSOCIATED BY HIS OR HER NEGLIGENCE OR FAILURE TO FOLLOW INSTRUCTIONS OF THE PROGRAM PERSONNEL. I HERBY AUTHORIZE THE WGRC, ITS AGENTS, AND EMPLOYEES TO USE PHOTOGRAPHIC AND ELECTRONIC IMAGES OR LIKENESS OF THE REGISTERED CHILD FOR THE USE AND BENEFIT OF THE WGRC IN ITS MARKETING AND PROMOTIONAL MATERIALS. IF IN THE EVENT OF AN EMERGENCY, REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HERBY GIVE MY CONSENT FOR (1) THE ADMINISTRATION OF AND TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN OR DENTIST AND (2) TRANSFER OF THE CHILD TO THE NEAREST EMERGENCY ROOM.

Parent/Guardian's Signature: _____ Date: _____

Please make checks or money orders payable to: West Geauga Recreation Council (WGRC). DO NOT MAIL CASH!
Mail completed registration along with a check or money order to: WGRC – Learn To Swim
P.O. Box 393 • Chesterland, OH 44026

WGRC USE ONLY:

Child's Name: _____	Program: _____
Session(s): _____	Multi Child Family # 1 2 3 + (please circle)
Cost Per Session: _____	Total Fees: _____
Total Owed: _____	WGRC Volunteer Disc: _____
Payment Type: _____	Amount Received: _____
Check No#: _____	Date Received: _____
Outstanding Balance: _____	