



City of Las Vegas

1751 N. Grand Ave. - 505-426-1739 - fax 505-426-1738

RECREATION DEPARTMENT presents LEARN TO SWIM CLASSES

Ages: Infants to Adults
June - July 2009



PARENT AND CHILD AQUATICS— Help develop swimming readiness by leading parents and their children in water exploration activities with the objective of having fun and becoming comfortable in on and around water

LEVEL I—INTRODUCTION TO WATER SKILLS—To help students feel comfortable in the water and to enjoy the water safely. Will learn basic water skills, enter/exit water safely, open eyes underwater, learn front float position, back float position, learn arm and leg movements. Learn safety rules.



LEVEL II— FUNDAMENTAL AQUATIC SKILLS—To provide student with opportunities for success with fundamental skills building on introduction to swim skills in Level I. Begin stroke development.



LEVEL III—STROKE DEVELOPMENT—To build on the skills in Level 2 by providing additional guided practice. Will learn several techniques such as front crawl, back crawl and butterfly.



LEVEL IV—STROKE IMPROVEMENT—build student confidence and performance of swimming strokes learned in level 3 by providing additional guided practice. Will learn and improve on several techniques such as front crawl, back crawl, butterfly and elementary backstroke.

DATES AND TIMES:

PARENT AND CHILD AQUATICS—2:00pm -3:00pm **SUNDAYS: MAY 31 - JULY 12 (no July 5)**

LEVEL I - 1:00pm - 2:00pm MONDAYS & WEDNESDAYS: JUNE 1 - JULY 8

LEVEL II - 1:00pm - 2:00pm TUESDAYS and THURSDAYS: JUNE 2 - JULY 9

LEVEL III and IV - 8:30am -9:30am MONDAYS & WEDNESDAYS: JUNE 1 - JULY 8

FEE: \$45.00 PER STUDENT - 6 WEEKS

Classes fill up fast! Please register as soon as possible!

Cut and return to: Abe Montoya Recreation Center, 1751 N. Grand Ave., Las Vegas, NM 87701 505 426-1739

I, _____ parent of _____ hereby release, absolve, indemnify, and hold harmless the City of Las Vegas, its staff and supervisors. I and/or my child will obey all recreation center rules and regulations set forth by the facility. In case of the need for emergency medical treatment, I hereby give permission for such treatment to be given in the case I cannot be reached.

Parent/guardian signature: _____ DATE: _____



STUDENTS NAME: _____ **PHONE NUMBER:** _____

ADDRESS: _____ **EMERGENCY NUMBER:** _____

AGE: _____

SWIM CLASS LEVEL: PCA I II III IV (CIRCLE ONE)

FOR OFFICIAL USE ONLY:

PAID CASH/CHECK: \$ _____ RECEIVED BY: _____ DATE: _____

CHECK #: _____