

OMEGA AQUATICS SWIMMING LESSONS

at

EVERGREEN SWIM & TENNIS CLUB

Omega Aquatics is offering Beginner, Advanced Beginner, Intermediate, and Stroke Development Swim lessons at the Evergreen Swim & Tennis Club. Omega Aquatics swimming lessons progressively build safe and confident swimmers prepared for the next level of swimming.

Evergreen Member Cost:

\$105 / Two Week Session

Non-Member Cost:

\$125 / Two Week Session

Phone Registrations:

April 13 – July 1

Contact

Kelli Whipple

801-831-8697

whipplekt@msn.com

In-Person Registration:

10:00-11:00 AM Saturday, May 9th

Location:

Evergreen Swim & Tennis Club

3775 South 2235 East

Salt Lake City, Utah 84109

Class Descriptions & Prerequisites

Each class is taught Monday-Thursday for two weeks per Session. Each session consists of eight (8) 30-minute lessons as per the schedule below. Classes are progressively structured with limited enrollment size. Classes group individuals of like ability and maturity. Instructors engage all students while ensuring that everyone makes progress toward the class objectives.

Beginner Class — Teaches children the basics. Face in the water, bubbles, the front float, the back float, the flutter kick, alternating arm strokes, and the combination of arms and legs to swim a short distance.

Prerequisite: Mature children ages 3-5 with limited experience in the water.

Class size: 4

Advanced Beginner Class — Teaches children side breathing with freestyle arms and legs and introduces backstroke with arms and legs.

Prerequisite: Children ages 4-8 who can float in the prone position and swim a short distance with flutter kick and freestyle arms.

Class size: 6

Intermediate Class — Further development of a swimmer's freestyle side breath and the backstroke with arms and legs. Swimmers will swim a greater distance and gain unassisted swimming confidence.

Prerequisite: Children who can float on their back and swim a short distance freestyle with side breathing.

Class size: 8

Stroke Development Class — Further review of Freestyle and Backstroke followed by an introduction to Breaststroke and Butterfly. Recommended for children interested in competitive swimming.

Prerequisite: Must be able swim Freestyle with side breathing and Backstroke the width of the pool.

Class size: 10

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Lesson Schedule Monday-Thursday	Session I Jun 1 – Jun 11	Session II Jun 15 – Jun 25	Session III Jun 29 – Jul 9	Session IV Jul 13 – Jul 23
Class	Class Number	Class Number	Class Number	Class Number
9:00AM Beginner	1-11	2-11	3-11	4-11
9:00AM Advanced Beginner	1-12	2-12	3-12	4-12
9:00AM Intermediate	1-13	2-13	3-13	4-13
9:00AM Stroke Development	1-14	2-14	3-14	4-14
9:30AM Beginner	1-21	2-21	3-21	4-21
9:30AM Advanced Beginner	1-22	2-22	3-22	4-22
9:30AM Intermediate	1-23	2-23	3-23	4-23
9:30AM Stroke Development	1-24	2-24	3-24	4-24
10:00AM Beginner	1-31	2-31	3-31	4-31
10:00AM Advanced Beginner	1-32	2-32	3-32	4-32
10:00AM Intermediate	1-33	2-33	3-33	4-33
10:00AM Stroke Development	1-34	2-34	3-34	4-34
10:30AM Beginner	1-41	2-41	3-41	4-41
10:30AM Advanced Beginner	1-42	2-42	3-42	4-42
10:30AM Intermediate	1-43	2-43	3-43	4-43
10:30AM Stroke Development	1-44	2-44	3-44	4-44

Note: Lessons may be consolidated or cancelled due to enrollment numbers. Make-Up lessons may be offered for lesson days cancelled due to weather or holidays.

Lesson Registration

- 1) Print the attached Registration & Waiver Form.
- 2) Complete the form for each swimmer by listing the class number(s) from the schedule above.
- 3) Call, Text, Email, or Mail the information to Kelli Whipple (Contact Below) to reserve your swimmer's spot in the class. Make payment via Venmo, this is the fastest way to secure your swimmer's spot in the class. We do not hold spots until payment is received and classes will fill up.
- 4) Bring a hardcopy of the signed waiver to the first day of class.
- 5) Optionally attend the In-Person registration at 10:00 AM Saturday, May 9th.

Kelli Whipple
Phone: 801-831-8697
Email: Whipplekt@msn.com

Tom Thorum
Phone: 801-913-2786
Email: Tthorum@SwimOA.com

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Registration & Waiver Form

1) Child's First Name: _____ Last Name: _____ Age: _____

Class Number(s): _____

2) Child's First Name: _____ Last Name: _____ Age: _____

Class Number(s): _____

3) Child's First Name: _____ Last Name: _____ Age: _____

Class Number(s): _____

Guardian's First Name: _____ Last Name: _____

Email: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Method of Payment: _____ Total Amount Due: _____

**Please make payments to: Omega Aquatics Swimming
Venmo: @OASwimming**

Waiver

I hereby acknowledge that I am the parent or legal guardian of the child who will be participating in swim lessons provided by Omega Aquatics. I understand and acknowledge the inherent risks associated with swimming activities, including but not limited to, the risk of drowning, injury, or accidents. I understand that while Omega Aquatics and its instructors will take all reasonable precautions to ensure the safety of participants, accidents and injuries may still occur. In consideration of allowing my child to participate in swim lessons, I hereby waive, release, and discharge Omega Aquatics, its owners, instructors, employees, and volunteers from any and all claims, demands, damages, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in swim lessons. I further agree to indemnify and hold harmless Omega Aquatics, its owners, instructors, employees, and volunteers from any and all claims, demands, damages, actions, or causes of action arising out of or related to my child's participation in swim lessons. I understand that it is my responsibility to ensure that my child follows all safety instructions provided by the instructors and staff of Omega Aquatics. I understand that failure to do so may result in my child being removed from the swim lessons without refund. I certify that my child is in good health and capable of participating in swim lessons. I authorize Omega Aquatics to seek emergency medical treatment for my child if necessary and agree to be financially responsible for any medical expenses incurred. I have carefully read and understand the terms of this waiver and release and voluntarily sign it as my own free act and deed.

Guardian Signature: _____ Date: _____