

Private Swim Lesson Registration Form



UNIVERSITY OF NEBRASKA AT OMAHA
WELLNESS CENTER

Parent Name _____ Phone _____

Address _____

E-mail _____

☐ \$130 Campus Recreation Member ☐ \$140 Non - Member

Gender: _____

Participants Name	Age
Participants Name	Age

Previous Swimming Experience (level descriptions on next page): Check appropriate level.

☐ Level One ☐ Level Two ☐ Level Three
☐ Level Four ☐ Level Five ☐ Level Six

Please list any other special needs or requests:

Lesson Times:

Please list at least three days and times that you would be able to meet with a swim instructor for lessons.

First Choice	Second Choice	Third Choice
Day Time	Day Time	Day Time

Please Note:

- Children must be 9 years of age or older.
- Lessons are subject to instructor availability to schedule your lesson.
- Payment will be accepted when you arrive for your first lesson.
- Times will be dependent on instructor availability.
- All private swim lessons are 30 minutes long.
- If you are more than 15 minutes late or do not show and have not contacted your swim instructor, you will forfeit the lesson.
- You may wish to have multiple people in the water for the lesson, which is fine as long as it is agreeable with swim instructor. All people in the water must have paid for private swim lessons.
- If the facility closes due to inclement weather, we will contact you and let you know.
- The lesson will be rescheduled between you and the swim instructor.

For office use only:

Date Received: _____

Lesson Information

Must be at least 3 years old and comfortable without a parent or guardian in the water.

Beginner Aquatics A: (Recommend Age 3-4) Orients children to the aquatic environment and helps them gain basic aquatic skills.

Beginner Aquatics B: (Recommend Age 4-5) Help children gain greater independence in their skills and develop more comfort in and around water.

Beginner Aquatics C: (Recommend Age 5-6) Help children start to gain basic swimming propulsive skills to be comfortable in and around water.

Must be at least 6 to be in Level 1 or higher.

Level One: Gives participants success with other fundamental skills such as glides, basic strokes and treading water.

Level Two: Students work on propulsion and fundamental skill independently. They work on utilizing both arms and legs simultaneously and alternating them.

Level Three: Introduces new strokes and builds on the skill Level 2 through additional guided practice in deeper water as well as working on technique and introducing new strokes.

Level Four: Develops confidence in the skills learned and improves other aquatic skills such as butterfly and turns.

Level Five: Provides further coordination and refinement of strokes as well as working on endurance.

Level Six: Refines the strokes so participants swim them with ease, efficiency, power and smoothness over greater distances.

Registration Information

All registration must include a parent/guardian participant release.

Classes may be combined to meet class size quota.

Classes may be cancelled due to low enrollment.

Class dates may be change for to scheduled UNO activities, weather, instructor illness, or University closure.

Class absences that are not due to University schedule may not be made up.

Spectators and non-participants should remain seated away from the pool.

Children must be supervised at all times.

Stop by the Wellness Center or call 402.554.2539 to register.

Parking Permit Information

You will be responsible to purchase your own parking pass to avoid receiving a ticket. For more information on UNO Parking Services and to view parking maps on campus, please visit www.unomaha.edu/parking or call 402.554.PARK (7275).

WAIVER

Use of facilities by University of Nebraska at Omaha, faculty, staff, students, and authorized guests is at your own risk

In consideration for the acceptance of my entry, I, myself, my executors administrators and assignees, do hereby release and discharge the University of Nebraska at Omaha, Campus Recreation, their employees, officers, board members, and all individuals assisting all program areas from claims of damages, demands, and actions whatsoever, in any manner growing out of my participation. I certify that I assume and will pay expense, and that I am physically fit to participate in this event.

If your child is not comfortable by the end of the 2nd lesson you may speak with David regarding the refund options.

Signature _____ Date _____

Signature of Parent/Guardian (if applicable) _____

Please return form to the Wellness Center or you may mail or fax the form to:

David Daniels, Assitant Director of Aquatics and Wellness Programs
6001 Dodge Street | 204 HPER | Omaha, NE 68182
Phone: 402.554.2008 | Fax: 402.554.3323

University of Nebraska at Omaha
Youth Activity Safety Policy: Parent/Guardian Information Form

Name of Youth Activity: _____

Date(s) of Youth Activity: _____

The University of Nebraska at Omaha has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in activities, clinics or conferences.

Our policy includes safe interaction guidelines including sex offender registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience. Key provisions of this policy include:

1. All Activity Workers must successfully pass a sex offender registry search for Nebraska and the state(s) they reside.
2. All Activity Workers driving activity vehicles must successfully pass a Driving Record Check.
3. In the case of an emergency or accident involving your youth, parents/guardians will be notified, following notification of the appropriate emergency personnel.
4. All UNO activities will comply with UNO's Youth Activity Safety Policy and Activity Worker Guidelines.
5. As parent(s) or legal guardian(s) you give permission to this activity to use photos of your child in promotional media, unless specifically restricted by checking this box and initialing :

☐ Initials _____
6. The activity directors of University-sponsored activities, clinics and conferences reserve the right to immediately dismiss any youth from the activity, clinic or conference for disruptive or endangering behavior. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal.

Parent or Guardian's Printed Name: _____

Signature: _____

Phone Number: _____ Date: _____