



# March Swim Lesson

Registration starts Monday February 12th

**"ONLINE REGISTRATION AVAILABLE"**

[www.staytonoregon.gov](http://www.staytonoregon.gov)

## Parent - Tot (6 months - 2yrs)

\$18 Members, \$26 Non-members  
11:30 am or 5:30 pm

## P.E.R.S (3yrs - 5yrs)

\$26 Members,  
\$33.75 Non-members  
11:30 am, 5:00, 5:30, 6:00 pm

## Progressive (6yrs-14yrs)

\$33.75 Member,  
\$41.25 Non- members  
5:00, 5:45 pm



**Tuesdays  
&  
Thursdays**  
**Mar 6th - Mar 22nd**  
(Prices are prorated for  
6 Lessons due to Spring Break)



First class starts on the **first Tuesday**  
of the month and ends the **last**  
**Thursday** of the month

Register at the Stayton Family Memorial Pool

STAYTON FAMILY



MEMORIAL POOL

400 W Virginia St  
Stayton, Or 97383  
[www.staytonoregon.gov](http://www.staytonoregon.gov)  
503-767-7665

**Lesson Information**

**Perch (Parent/Tot):** Ages 6 months to 3 years. Instructor/Student ratio is 1:12. Parent is in the water with the child with an Instructor guiding both parent and child through water comfort skills

**PERS Swim Lessons** Ages 3-5 years old. Instructor/Student ratio is 1:5. These lessons are designed with your preschooler in mind! Small Class sizes and individualized instruction for children. Students progress through four levels: Pike, Eel, Ray, Starfish. We will evaluate and find your child's level and advance them accordingly. Class specific information can be found at the front counter.

**Progressive Swim Lessons** Ages 6-14. Instructor/Student ratio is 1:6 for Polliwog and Guppy and 1:7 for Minnow and up. The progressive program is for older kids of all swimming abilities. Children progress through the following six levels: Polliwog, Gup-

**Choose Class Time (check one)**

**MORNING LESSONS**

**Parent-Tot**  
 11:30-12:00

**Pers (3-5 Y/O)**  
 11:30-12:00

**EVENING LESSONS**

**Parent-Tot** 5:30-6:00

**Progressive (6 & Up)**  
 5:00-5:45   
 5:45-6:30

**Pers (3-5 Y/O)**  
 5:00-5:30   
 5:30-6:00   
 6:00-6:30

Participant Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (circle)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent/Guardian Name: (Print Name) \_\_\_\_\_

NOTE: A parent or guardian must accompany the child and stay during the lesson

**Parents/Guardian Agreement**

**If known, child's current level (ex: Pike, Shark, Flying Fish etc.)**  
 \_\_\_\_\_

**Consent Form-Please Read and Sign**

I realize that this and all Stayton Family Memorial Pool involve certain inherent risks, and regardless of precautions taken the Stayton Family Memorial Pool or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this program Stayton Family Memorial Pool. I agree to forever release, discharge, and covenant not to sue the for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the Stayton Family Memorial Pool . I will indemnify and hold the Stayton Family Memorial Pool harmless from any and all claims made by other. I assume all the risks and hazards incidental to the conduct of Stayton Family Memorial Pool programs and I do further release, absolve, indemnify, and hold harmless the Stayton Family Memorial Pool , the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff or any of the supervisors appointed by them. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for Stayton Family Memorial Pool promotions.

**Minor Medical Release and Consent Form**

As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the even of a medical emergency as deemed necessary by the attending physician.

CHILDREN UNDER THE AGE OF 12 MUST BE ACCOMPANIED TO AND FROM ALL STAYTON FAMILY MEMORIAL PROGRAMS

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use:**

Rec'd By: \_\_\_\_\_ Payment type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Written in Folder: Y / N