



Bucknell Swimming and Diving Spring Lesson Program March 25th - April 22nd at Kinney Natatorium

Swim Lessons: We will be offering 4 levels of lessons on the following Monday evenings and Saturday mornings:
 Mondays: March 27th, April 3rd, April 10th, April 17th
 Saturdays: March 25th, April 8th, April 15th, and April 22nd

These lessons are for any and all swimmers age 4 and up and will be conducted in 25 minute sessions, either 9-9:25am or 9:30-9:55am on Saturdays and/or Mondays at 6-6:25pm or 6:30-6:55pm. We will offer four levels of swimming lessons, please register the participant for the appropriate level. Lessons will be offered as packages of 4 Saturdays, 4 Mondays, or all 8 lessons. Our goal is for all lessons to be 1 on 1 with a college athlete and the participant.

Level 1: For young swimmers who have little or no swimming experience. We will focus on basic water safety and skills such as blowing bubbles, becoming comfortable putting their face in the water, front and back float, and swimming fundamentals.

Level 2: For swimmers who possess the fundamentals and are comfortable with their face in the water. We will be focusing on teaching freestyle and backstroke, and introducing the breaststroke kick as well as basic diving skills.

Level 3: For swimmers who can swim freestyle and backstroke. We will be fine tuning these strokes as well as teaching breaststroke, butterfly, and introducing flip turns and other swimming skills.

Level 4: For the competitive swimmer on USA Swim Team or YMCA Team. We will focus on learning and practicing drills and techniques for all 4 competitive strokes. Also working on the details of starts and turns. (In case of academic conflicts, illness, or other issues that may arise, this group may have to be 2 participants with 1 college swimmers).

Registration: Spots are limited, (40 spots on Monday at 6pm / 35 spots on Monday at 6:30pm / 35 spots on Saturday at 9am / 35 spots Saturday at 9:30am). All spots will be first come, first serve. Please detach the portion below, return it with payment, and complete the waiver on the second page/back of this page. Payment and waiver must be received by **March 18th** in order to confirm your place in the lesson. **No registration at the door.** Make checks payable to Bucknell University and include Swimming & Diving in the memo line. No cash please! Registrations can be dropped off in the folder located at the front desk of the KLARC, or mailed to: **Kristine Mann, Assistant Swim Coach / Athletics and Recreation / Bucknell University / One Dent Drive / Lewisburg, PA 17837**. Please note: There may be several day delay when delivered by mail, late registrations will not be processed. There will be no make-up sessions for missed lessons. A confirmation email will be sent when payment and registration has been received. No changes will be able to be made after registration is received and confirmed. For any questions, contact Kristine Mann at kam055@bucknell.edu or 570-577-1517.

Participant Name: _____ **Participant Age:** _____ **Participant Gender:** _____

Parent Name: _____

Address: _____

Phone Number: _____

Email: _____

Lessons Program:

Level: _____ (if **Level 4**, Team: _____)

Number of Lessons: Please circle your preference

4 Mondays (3/27, 4/3, 4/10,4/17) at \$ 80

4 Saturdays (3/25, 4/8, 4/15, 4/22) at \$ 80

All 8 (4 Mondays + 4 Saturdays) at \$ 150

Times: Please circle your preference

Mondays at 6pm

Mondays at 6:30pm

Saturdays 9am

Saturdays 9:30am

Instructor: Please indicate preference for instructor's gender: Male Female No Preference
 (Requests will try to be met with availability of instructors, but not guaranteed)

Statement of Informed Consent & Proof of Personal Medical Insurance

Event: Bucknell Swim Lessons

I, _____(participant name), recognize that certain risks and dangers exist through my participation in this athletic activity. These risks include personal injury and the loss or damage to personal property, due to activities that are inherent in sports.

I understand that Bucknell University, its officers, employees and agents, game officials, volunteers, and all participating sponsors (hereafter "releases") shall assume no responsibility or liability for me for accident, illness or loss or damage of personal property. I acknowledge and do hereby assume all risks inherent in the use of Bucknell University's athletic facilities and in connection with this activity, and I for myself, heirs, executors, administrators and assigns do hereby expressly release and discharge the releases from all claims, demands, liability actions or judgments of any kind weather caused by the negligence of said releases or otherwise which I now have or in the future against said releases or any of them arising out of my participation in this recreational activity.

I certify that to the best of my knowledge, I am in good physical health and am therefore able to participate in the athletic activity. Further, I understand and accept that if I become physically injured it is my responsibility to provide payment for any medical services rendered.

In case of illness or injury, I may need medical attention and authorize the medical staff for this activity to act for me and obtain whatever medical treatment necessary. Every effort will be made to contact the parent/responsible guardian through the team's coach.

Finally, I recognize that my participation in this recreational activity is of my free will, such that, I may cease continued participation in the athletic activity at my discretion and at any point.

My signature on this document certifies that I have personal medical insurance and that I understand the risks and terms involved in participation. Further, I understand that if I am under eighteen (18) years of age I am required confirmation of this agreement by my parents or guardian.

Participant Signature Date

Parent/Guardian Signature Date

PERSONAL MEDICAL INSURANCE

YES

NO

**all participants must have insurance coverage under their parents or guardian in order to participate.

Name of Personal Medical Insurance Provider : _____

Policy Number: _____

Group Code: _____

Subscriber's Name: _____