recenters You R Already a Member.

Free Youth Swim Classes

Ages 6-14 Adams Street R- Center, 85 Adams Street Call 428-7456

Session	Registration	Wednesday	Saturday	No class
Fall Winter Spring	9/15 - 10/3 12/1 - 12/5 2/23 - 2/27	10/3 - 11/21 12/5 - 2/13 2/27 - 4/24	10/4 - 11/22 12/6 - 2/14 2/28 - 4/45	12/26 - 1/3 4/3 & 4/4

Swim Level Requirements:

Level 1: Introduction to Water Skills; No previous instruction, cannot swim Level 2: Fundamental Skills; Comfortable and goes underwater, floats with help Level 3: Stroke Development; Floats and swims on front and back, 15 ft. Level 4: Stroke Improvement; Can do front & back crawl, 15 yds. Level 5: Stroke Refinement; Can do front & back crawl, elementary backsroke, breast & butterfly stroke, 25 yrds. Level 6: Personal Water Safety, fall and spring only Level 6: Fitness Swimmer, winter only



Class Schedule:

Level	Friday	Saturday
PreSchool:	6 - 6:30 p.m.	11 - 11:30 a.m.
Level 1:	7 - 7:30 p.m.	10 - 10:30 a.m.
Level 2:	6:30 - 7, 7:30 - 8 p.m.	10:30 - 11 a.m.
Level 3:	6:30 - 7 p.m.	10 - 10:30 a.m.
Level 4:	7 - 7:30 p.m.	10:30 - 11 a.m.
Level 5:	6 - 6:30 p.m.	11 - 11:30 a.m.
Level 6:	6 - 6:30 p.m.	11 - 11:30 a.m.

Please register on back and return to Adams Street **Community Center.**

Additional swimming opportunities in the community may be available for Winter 2013-2014. Check www.cityofrochester.gov/swimlessons for updates.

Questions? Call 311 • www.cityofrochester.gov Outside the City Call 428-5990

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Class Registration

Return this filled out registration form to:

Adams Street Community Center, 85 Adams Street

Deadline for registration is: Fall-10/3, Winter-12/5, Spring-2/27

Choose a Session (Check One) Fall Winter Spring	For Office Use Only Date Received: Received by:					
Choose a Day (Check One) Friday Saturday						
Choose a Level (Check One) □ 1 □ 2 □ 3 □ 4 □ 5 □ 6						
Name						
Address	Zip Code					
D.O.B// Phone Emergen	cy Phone					
Parent/Guardian Name						
Parent/Guardian Signature						
Email I would like to recive emails about swim lessons. I would like to recive emails about general pool information.						
Questions? Call 311 • www.cityofrochester.gov						









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	Received by:	
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Name		Name
Address	Zip Code	Address
D.O.B// Phone Er	mergency Phone	D.O.B/
Parent/Guardian Name		Parent/Guardia
Parent/Guardian Signature		Parent/Guardia
Email		Email
I would like to recive emails about swim lessons		I would like
I would like to recive emails about general pool	information.	L I would like
Questions? Call 311 • www.	.cityofrochester.gov	Q
Outside the City Call 42	28-5990	

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i**on** (Check One) For Office Use Only Date Received: inter Spring Received by: Check One Saturday (Check One) 3 • 4 • 5 • 6 Zip Code _____ Phone Emergency Phone an Name _____ an Signature _ to recive emails about swim lessons. to recive emails about general pool information.

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