



# Richboro Swim Club

## 2021 Swim School Registration Learn to Swim Program Group Swimming Lessons

Phyllis Garverich, W.S.I. (215) 355-1802

Two Week Session For All Levels  
 Morning Sessions on the half hour from 10:30 a.m. to 1:00 p.m.  
 Monday - Thurs (Fri make up day)  
 Session 1 \_\_\_\_\_ **June 21- July 2**  
 Session 2 \_\_\_\_\_ **July 5 - July 16**  
 Session 3 \_\_\_\_\_ **July 19 - July 30**  
 Session (mini) 4 \_\_\_\_\_ **Aug 2 - Aug 6**

\$59.00 GOLD members; \$89 (SILVER & BRONZE members) \$99.00 (non-members)  
Eight 1/2 hour Lessons Monday through Thursday

### 2021 Health Procedures

Swim Lesson students must be brought to each lesson by a parent/guardian and child must have temperature taken before each lesson.

Parent/guardian must certify child is FREE of COVID symptom at the start of each lesson. See other side.

#### Student Information

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Previous Lesson Experience \_\_\_\_\_

Signature \_\_\_\_\_

About Paid \_\_\_\_\_ Day Paid \_\_\_\_\_

All swimming instruction supervised by Red Cross Training Safety Instructors.

	Date	Child Name	Child Temp	Parent Signature	Instructor Temp	Any Symptoms*	Instructor Initial	
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	* Symptoms include two or more of: chills, repeated shaking, muscle pain, headache, sore throat, and/or loss of taste/smell							



# Private & Semi Private 2021 Swim Lessons

## Times by Appointment for Six

### 1/2 hour Lessons

Preferred Time Slot \_\_\_\_\_ M-F 10 AM - 12:30 PM

\_\_\_\_\_ M-F 4 PM - 7:30 PM

\_\_\_\_\_ Weekends Only

Private – 1:1

Semi - Private – 2:1  
(Same Household Only)

	GOLD MEMBERS	SILVER/BRONZE MEMBERS	NON MEMBERS
Private – 1:1	\$99	\$129	\$139
Semi - Private – 2:1 (Same Household Only)	\$65 ea	\$80 ea	\$90 ea

### 2021 Health Procedures

Swim Lesson students must be brought to each lesson by a parent/guardian and child must have temperature taken before each lesson.

Parent/guardian must certify child is FREE of COVID symptom at the start of each lesson. See other side.

Name \_\_\_\_\_ Age \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Instructor Requested \_\_\_\_\_

Previous Swimming Experience \_\_\_\_\_

Parents Signature \_\_\_\_\_ Am't Pd \_\_\_\_\_ Date \_\_\_\_\_

Please write any special concerns or considerations for instructor to be aware regarding your child on the reverse side of this form and also discuss with instructor.

	Date	Child Name	Child Temp	Parent Signature	Instructor Temp	Any Symptoms*	Instructor Initial	
1								
2								
3								
4								
5								
6								
7								
8								
9								
	* Symptoms include two or more of: chills, repeated shaking, muscle pain, headache, sore throat, and/or loss of taste/smell							