

Chautauqua Lake Central School
Swimming Lessons Winter 2019-2020

An 8-week session of **Swim Lessons** will be offered for participants **age 5 & up** **Saturday's from February 1 through March 21, 2020. 30-minute time slots between 9 – 11 am will be assigned by an instructor based on age & ability.**

Fees: \$20 individual/\$30 Family (up to 4 members) payable to: CLCS Swim Lessons.

If there is sufficient enrollment as of 4 pm on Fri. Jan. 17, Swimming Lessons will meet on the following Saturday mornings:

- **February 1, 8, 15, 22 & 29**
- **March 7, 14, & 21**

Registration Form, signed Informed Consent & full payment must be received in the District Office by 4 pm on Fri. Jan. 17. Sign-up is on a first come, first serve basis. Space is limited. **If there is not sufficient enrollment by the 4 pm deadline on Fri. Jan. 17, the program will be canceled and payments returned.**

Checks will not be cashed before Fri. Jan. 17; payments are non-refundable after that date.

The program does not run if after-school and evening programs are canceled on Friday before the lessons due to inclement weather or other emergency. Should weather or another emergency force one or more cancellations, a make-up class will be held at discretion of the District.

Note: Open Swim will be held directly after Swim Lessons. Swim Lesson participants are welcome to stay and swim during the Open Swim session from 11:00 am – 1:00 pm. Swimmers ages 7-12 must be accompanied by an adult, who must stay to supervise but need not swim. Children age 6 and under must be accompanied by an adult in the water. Any non-swimmer who is unable to stand with head and shoulders above the water must be accompanied in the water by a responsible adult (one swimmer to one adult ratio). Maximum capacity of 50 allowed.

Questions? Please call Amy Schulz in the District Office, 753-5802.

If your call is directed to voice mail, please leave a message.

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Also available for swimmers who meet minimum skill requirements explained on the registration form:

- After school **Swim & Dive Club** for swimmers Grade 3 & up (starts **Wed. Feb. 5**)

Registration forms are in each school office and at www.clake.org.

Registrations for this program must also be received in the District Office **by 4 pm on Fri. Jan. 17. There is no fee required.** See registration form for details.

Emergency Cancellations

School closings/cancellations (e.g. due to severe weather)
will be announced by these media:

Radio Stations:

WBEN, 930 AM
WDOE, 1410 AM
WJTN, 1240 AM
WKSN, 1340 AM
WWSE, 93.3 FM
WXKC (Classy 100) 99.9 FM
WRKT (Rocket 101) 100.9 FM
WKZA KISS 106.9 FM

TV Stations:

WGRZ-TV, Channel 2
WIVB-TV, Channel 4
WKBW-TV, Channel 7
WICU-TV, Channel 12
WJET-TV, Channel 24
Spectrum Cable News (formerly Time
Warner Cable News, YNN)

When possible, a notice will be posted at www.clake.org and sent via the district app. The district app is available and can be installed on Apple iOS & Android smartphones & tablets. Information can be found at www.clake.org.
Select the School Messenger link on the left side of the home page.

IMPORTANT:

When school is closed due to severe weather or other emergency on a Friday, or when after-school and evening activities are canceled on a Friday, Saturday morning Swimming Lessons are automatically canceled. Make up classes will be held at discretion of the District.

Additional Pool Programs in the Chautauqua Lake area:

Turner Community Center at Chautauqua Institution:
Chautauqua Health & Fitness, (716) 357-6340

Mission Meadows, (716) 386-5932
New indoor pool facilities and a rock climbing wall

Both facilities offer birthday party rentals. Call for details.

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Registration Form: Swimming Lessons Program Winter 2019-2020

Registration Form (for up to 4 participants), signed Informed Consent & check/money order for full payment made payable to CLCS Swim Programs must be received by 4 pm on Fri. Jan. 17, 2020. Mail or deliver to the District Office: CLCS Pool Programs, 100 N. Erie St., Mayville NY 14757

Please print:

Participant #1 Name _____ Participant #2 Name _____

Participant #3 Name _____ Participant #4 Name _____

Parent Name (print) _____

Mailing Address: _____

☐ Check here if this address is outside the CLCS district.

Email address: _____

We will use your email address only to communicate with you re: pool programs.

Parent telephone number: Please list the number you prefer for us to call.

Telephone number

Which phone number is this?

☐ Home ☐ Cell ☐ Work

Emergency contact we could call during the time your child will be using the swimming pool:

Name _____ Phone # _____

Swim Lessons Program Winter Series: Feb. 1 – March 21, 2020			
How many?	Type of Registration	Registration Fee(s)	Office Use Only
	Individual @ \$20		
	Family @ \$30		
	Total Enclosed		

***Cash payment for this program is accepted in the District Office only. Do not send cash through U.S. mail or school mail.**

Questions? Call Amy Schulz in the District Office, 753-5802.
If your call is directed to voice mail, please leave a message.

Chautauqua Lake Central School
Informed Consent and
Assumption of Risk Agreement

As a condition of using the Swimming Pool of the Chautauqua Lake Central School District ("District"), I acknowledge that I have read this form, fully understand it and agree to its terms and conditions.

1. I hereby acknowledge that my child will participate in an instructional program in the District's swimming pool. I agree that my child will follow all directions of the instructor and acknowledge that failure to follow such directions may result in the termination of my child's privilege to participate in swimming programs.
2. I hereby acknowledge that my child's use of the District's swimming pool involves risks including possible injuries or death. Based on the foregoing, I assume all risks associated with my child's use of the District's swimming pool.
3. In consideration of my child's participation in this instructional program, I, the undersigned, hereby agree that the District shall not be liable for any damages arising from personal injury sustained by my child in, on or about the District premises resulting from or arising out of the use or intended use of District facilities or equipment. I agree to assume full responsibility for any injuries which may occur to my child in or about the District's premises, or while using or intending to use the District's facilities or equipment, including, but without limitation, any claims for personal injury or death or property damage or loss resulting from or arising out of the negligence of the District, its agents or employees, or the negligence of any other persons present on the District's premises.

Date: _____

Please print parent name

Parent signature