## Swim Lessons

*All Swim Lessons Take Place At Glen Hills Middle School*

<table>
<thead>
<tr>
<th>Level</th>
<th>Date</th>
<th>Day</th>
<th>Time</th>
<th>Program#</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Age Level 3</td>
<td>November 7 - December 12</td>
<td>Tues</td>
<td>4:00 - 5:00pm</td>
<td>115010-21</td>
</tr>
<tr>
<td>School Age Level 4, 5, 6</td>
<td>November 7 - December 12</td>
<td>Tues</td>
<td>5:00 - 6:00pm</td>
<td>115010-22</td>
</tr>
<tr>
<td>Preschool Level 2, 3</td>
<td>November 7 - December 12</td>
<td>Tues</td>
<td>6:00 - 6:40pm</td>
<td>115010-23</td>
</tr>
<tr>
<td>Teen/Adult Beginner</td>
<td>November 7 - December 12</td>
<td>Tues</td>
<td>7:45 - 8:30pm</td>
<td>115010-24</td>
</tr>
<tr>
<td>School Age Level 1, 2</td>
<td>November 9 - December 21 (skip 11/23)</td>
<td>Thurs</td>
<td>3:05 - 4:05pm</td>
<td>115010-25</td>
</tr>
<tr>
<td>Preschool Level 1</td>
<td>November 9 - December 21 (skip 11/23)</td>
<td>Thurs</td>
<td>4:05 - 4:45pm</td>
<td>115010-26</td>
</tr>
<tr>
<td>School Age Level 3</td>
<td>November 9 - December 21 (skip 11/23)</td>
<td>Thurs</td>
<td>4:45 - 5:45pm</td>
<td>115010-27</td>
</tr>
<tr>
<td>School Age Level 4, 5, 6</td>
<td>November 9 - December 21 (skip 11/23)</td>
<td>Thurs</td>
<td>5:45 - 6:45pm</td>
<td>115010-28</td>
</tr>
<tr>
<td>Teen/Adult Intermediate</td>
<td>November 9 - December 21 (skip 11/23)</td>
<td>Thurs</td>
<td>7:45 - 8:45pm</td>
<td>115010-29</td>
</tr>
<tr>
<td>School Age Level 1, 2</td>
<td>November 18 - December 23</td>
<td>Sat</td>
<td>8:45 - 9:45am</td>
<td>115010-30</td>
</tr>
<tr>
<td>Preschool Level 2, 3</td>
<td>November 18 - December 23</td>
<td>Sat</td>
<td>9:45 - 10:25am</td>
<td>115010-31</td>
</tr>
<tr>
<td>Preschool Level 1</td>
<td>November 18 - December 23</td>
<td>Sat</td>
<td>10:25 - 11:05am</td>
<td>115010-32</td>
</tr>
<tr>
<td>Parent/Child I</td>
<td>November 18 - December 23</td>
<td>Sat</td>
<td>11:05am - 12:05pm</td>
<td>115010-33</td>
</tr>
<tr>
<td>Parent/Child II</td>
<td>November 18 - December 23</td>
<td>Sat</td>
<td>12:05 - 1:05pm</td>
<td>115010-34</td>
</tr>
<tr>
<td>School Age Level 3</td>
<td>November 18 - December 23</td>
<td>Sat</td>
<td>1:05 - 2:05pm</td>
<td>115010-35</td>
</tr>
<tr>
<td>School Age Level 4,5,6</td>
<td>November 18 - December 23</td>
<td>Sat</td>
<td>2:05 - 3:05pm</td>
<td>115010-36</td>
</tr>
<tr>
<td>Special Needs (all ages)</td>
<td>November 18 - December 23</td>
<td>Sat</td>
<td>3:05 - 4:05pm</td>
<td>115010-37</td>
</tr>
</tbody>
</table>

### Fee:

- $49.00R / $59.00NR

### Questions?

Call Aquatics Coordinator Cindy Schlidt (414) 531-SWIM

---

**Nicolet Pool**

- Average Temperature: 80 degrees
- Dimensions: 75ft x 30ft
- Lanes: 8
- Deepest Depth: 13ft (diving well)
- Shallowest Depth: 3.6ft

**Glen Hills Pool**

- Average Temperature: 84 degrees
- Dimensions: 75ft x 20ft
- Lanes: 6
- Deepest Depth: 10 ft
- Shallowest Depth: 2.6 ft

---

Private swim lessons also available. For more information please call Cindy Schlidt at (414) 531-SWIM.
Household Information:

Name (person filling out form):

Address:

City: ___________________________ State: _______ Zip: ____________

Home Phone: ____________________ Cell Phone: ____________________

E-mail Address: ____________________

Unless otherwise notified, assume that you are enrolled in the program.

Waiver and Release of Claims

“As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which my child may sustain as a result of participating in any and all activities connected with or associated with such a program. I agree to exclude and indemnify all claimants by my child may sustain or may have as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees. I agree to waive and relinquish all claims I/my child may have or may have as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees.

I agree to hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which my child may sustain or may have as a result of my/our participation in this program. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or loss sustained by my/our participation in this program. I have read and fully understand the above program details and waiver and release of all claims.”

For the activities that apply:

Concussion & Head Injury Disclosure

“As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion.”

For more information go to: http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf

Parent Agreement:

I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors.

I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until an appropriate medical clearance is obtained from an appropriate health care provider.

I agree that I must provide written clearance from an appropriate health care provider to my child before returning to practice/play.

Signature ________________________________ Date __________

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coach and my parent/guardian.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Signature ________________________________ Date __________

Reduced Fee School Meal Program for Nicolet School District Students

For those families who meet the criteria for free school meal program, your child’s class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. “I certify that my child/children is/are eligible for the reduced fee school meal program”

Signature ________________________________

Subtotal Fee: __________________________

Less Reduced Fee: __________________________

Total: __________________________

Cash ___ Check ___ / #____ made payable to Nicolet Recreation Dept.

Credit Card ___ MasterCard ____ Visa ____ Expiration Date_________

Card number __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Cardholder Name____________________________________________

Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box

Like us on Facebook