# Swim Lessons

<table>
<thead>
<tr>
<th>Level</th>
<th>Date</th>
<th>Day</th>
<th>Time</th>
<th>Program#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool Level 2, 3</td>
<td>March 6 - May 1 (skip 3/27)</td>
<td>Tuesdays</td>
<td>3:45 - 4:15pm</td>
<td>215010-22</td>
</tr>
<tr>
<td>School Age Level 1, 2</td>
<td>March 6 - May 1 (skip 3/27)</td>
<td>Tuesdays</td>
<td>4:15 - 5:00pm</td>
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<tr>
<td>Preschool Level 1</td>
<td>March 6 - May 1 (skip 3/27)</td>
<td>Tuesdays</td>
<td>5:00 - 5:30pm</td>
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<tr>
<td>School Age Level 4, 5, 6</td>
<td>March 6 - May 1 (skip 3/27)</td>
<td>Tuesdays</td>
<td>5:30 - 6:15pm</td>
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<td>Preschool Level 2</td>
<td>March 6 - May 1 (skip 3/27)</td>
<td>Tuesdays</td>
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<tr>
<td>Teen/Adult Beginner</td>
<td>March 6 - May 1 (skip 3/27)</td>
<td>Tuesdays</td>
<td>7:30 - 8:15pm</td>
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<tr>
<td>School Age Level 1/2</td>
<td>March 8 - May 3 (skip 3/29)</td>
<td>Thursdays</td>
<td>3:05 - 3:50pm</td>
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<tr>
<td>Preschool Level 1</td>
<td>March 8 - May 3 (skip 3/29)</td>
<td>Thursdays</td>
<td>4:00 - 4:30pm</td>
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<td>School Age Level 3</td>
<td>March 8 - May 3 (skip 3/29)</td>
<td>Thursdays</td>
<td>4:30 - 5:15pm</td>
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<td>March 8 - May 3 (skip 3/29)</td>
<td>Thursdays</td>
<td>5:15 - 6:00pm</td>
<td>215010-31</td>
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<td>School Age Level 1, 2</td>
<td>March 8 - May 3 (skip 3/29)</td>
<td>Thursdays</td>
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<tr>
<td>Teen/Adult Intermediate</td>
<td>March 8 - May 3 (skip 3/29)</td>
<td>Thursdays</td>
<td>7:30 - 8:15pm</td>
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<tr>
<td>School Age Level 1</td>
<td>March 10 - May 5 (skip 3/31)</td>
<td>Saturdays</td>
<td>8:45 - 9:30am</td>
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</tr>
<tr>
<td>Preschool Level 1</td>
<td>March 10 - May 5 (skip 3/31)</td>
<td>Saturdays</td>
<td>9:30 - 10:00am</td>
<td>215010-35</td>
</tr>
<tr>
<td>Preschool Level 2, 3</td>
<td>March 10 - May 5 (skip 3/31)</td>
<td>Saturdays</td>
<td>10:00 - 10:30am</td>
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<tr>
<td>Parent/Child I</td>
<td>March 10 - May 5 (skip 3/31)</td>
<td>Saturdays</td>
<td>10:30 - 11:15am</td>
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<tr>
<td>Parent/Child II</td>
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<td>11:15 - 12:00am</td>
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<td>School Age Level 2</td>
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<td>Saturdays</td>
<td>12:00pm - 1:00pm</td>
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<td>March 10 - May 5 (skip 3/31)</td>
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<td>12:45 - 1:30pm</td>
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<td>School Age Level 4, 5, 6</td>
<td>March 10 - May 5 (skip 3/31)</td>
<td>Saturdays</td>
<td>1:30 - 2:15pm</td>
<td>215010-41</td>
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<tr>
<td>School Age Level 1</td>
<td>May 8 - May 30 (skip 3/31)</td>
<td>Tues &amp; Thurs</td>
<td>4:00 - 4:30pm</td>
<td>215010-42</td>
</tr>
<tr>
<td>School Age Level 3 &amp; 4</td>
<td>May 8 - May 31</td>
<td>Tues &amp; Thurs</td>
<td>4:30 - 5:15pm</td>
<td>215010-43</td>
</tr>
<tr>
<td>School Age Level 1, 2</td>
<td>May 8 - May 31</td>
<td>Tues &amp; Thurs</td>
<td>5:15 - 6:00pm</td>
<td>215010-44</td>
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<tr>
<td>Preschool Level 1</td>
<td>May 8 - May 31</td>
<td>Tues &amp; Thurs</td>
<td>6:00 - 6:30pm</td>
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<tr>
<td>Preschool Level 2 &amp; 3</td>
<td>May 8 - May 31</td>
<td>Tues &amp; Thurs</td>
<td>6:30 - 7:00pm</td>
<td>215010-46</td>
</tr>
</tbody>
</table>

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

Fee: $49.00R / $59.00NR

Private swim lessons also available (per 30 minutes).
For more information please call Cindy Schlidt at (414) 531-SWIM.
Fee: $32.00R/$42.00NR for private lessons & $27.00R/$37.00NR for semi-private lessons

The complete Nicolet & Glen Hills Aquatic Schedule is located on the Nicolet Website
http://www.nicolet.us/activities/aquatic_schedule.cfm

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

**Questions?**
Call Aquatics Coordinator Cindy Schlidt (414) 531-SWIM

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register with:
Nicolet Recreation Department
6701 N. Jean Nicolet Rd.
Glendale, WI 53217

Phone: (414) 351-7566
Fax: (414) 351-4053
www.nicolet.us

On-line registration: https://rec.nicolet.k12.wi.us

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Registration Form

Nicolet Recreation
6701 N. Jean Nicolet Rd.
Glendale, WI 53217

Phone: (414) 351-7566
Fax: (414) 351-4053
www.nicolet.us

On-line registration: https://rec.nicolet.k12.wi.us

Household Information:
Date:_______________________________________ Alumni______

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 I or my child may sustain or sustain as a result of participating in any and all activities, events or programs associated with such a program. I agree to waive and relinquish all claims I or my child may have or may have as a result of participating in any program against the Nicolet Recreation Department Nicolet High School and its board of education, its officers, agents, servants and employees from any and all claims from injuries, damages or loss which I or my child may sustain or may have as a result of my or my child’s participation in such a program. I further agree to indemnify and hold harmless and release the Nicolet Recreation Department Nicolet High School and its board of education, its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses sustained by or on account of my or my child’s participation in such a 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 providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

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 also understand the common signs, symptoms, and behaviors. I agree that if a concussion is suspected, I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequences of returning to practice/play too soon and that my brain needs time to heal.

Signature______________________________________ Date_______________

Name__________________________ Sex________________
Birthdate________________ Grade________________
Program#________________ Program Name________________
Fee________________

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

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