

2010 SUMMER SWIMMING AT SHADOWWOOD POOL

CHILDREN'S SWIMMING LESSONS:

All swimming instruction is offered in affiliation with America Red Cross. Lessons are open to non-members providing openings are available. The pool is outdoors and heated. Seating is available for observation of classes. Shadowwood Pool is at the corner of 203 and York St. in Aloha.

DATES AND TIMES:

Swim lessons will commence on June 22 and end August 27. Five, two-week sessions of intensive instruction will be provided for children three years of age and older. Thirty-minute classes will be held daily, Tuesday through Friday, between the hours of 8:30 am and 12:00 pm. Lessons are given in the rain (limited covered area for spectators), but not in thunder and lightning. No lessons on Monday.

REGISTRATION:

Registration and water tests (for class placement) will be held Saturday, June 19th, between the hours of 9:00 a.m. and 11:30 p.m., or by appointment. Classes at all levels will be ability grouped. Water tests are given to determine a student's ability and class level. Late registrants will be accepted only if openings are available.

All students must preregister for each new two-week session. Registration for all sessions may be done by mail, phone, or on June 19th, or following your child's last class of the current session. Registration and payment must be completed prior to the first lesson. We regret that refunds cannot be given.

COST:

One two-week session per child:

Members: \$46.00

Non-members: \$57.00

Parents are asked to accompany their child to the first lesson.

There is a phone available for your child's use

SESSIONS:

Session One: June 22 - July 2nd

Session Two: July 6 - July 16

Session Three: July 20 - July 30

Session Four: Aug. 3 - Aug. 13

Session Five: August 17 - August 27

For additional information, contact Curtis Williams at 503 774-4533
7925 S.E. 35th • Portland, OR 97202 cell: 503 407-9276

CLASS REGISTRATION

Date	Class Time	Session	Course Title	Class Level	Cost										
<input type="checkbox"/> Member <input type="checkbox"/> Non-Member															
Last Name						NON-MEMBERS ONLY									
First Name						do not write in this area Amount enclosed: \$	Class Charges:								
Address							Non-Member Fee:								
City		State		Zip Code		Full payment must be enclosed.	Total charges:								
Telephone Number:			(Check One)				Amount Paid:								
			<input type="checkbox"/> Male		<input type="checkbox"/> Female										
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