



TOWN OF COLONIE

Paula A. Mahan
Town Supervisor



PARKS and RECREATION DEPARTMENT 2017 SWIM PROGRAMS

COLONIE MOHAWK RIVER PARK POOL
71 Schermerhorn Road, Cohoes 12047

Telephone: (518)783-2760

The Parks and Recreation Department offers two aquatic programs, an American Red Cross six level **Learn – to – Swim Program and Guard Start & Water Safety Program**. Skills are taught based on levels established by the American Red Cross. All swimmers will be evaluated during their first class and groups may be adjusted as necessary. Both programs are taught by our pool lifeguard staff at the Colonie Mohawk River Park Pool. Your child will learn new aquatic skills or reinforce skills that they may already possess, while having a fun and enjoyable experience!

Registration will be accepted in person or by mail at the Parks and Recreation Office, Colonie Mohawk River Park, 71 Schermerhorn Road, Cohoes, NY 12047. The Park Office is open Monday-Friday from 8:00 am - 4:00 pm (783-2760).

- Class sizes are limited, and are filled on a “first come, first serve” basis.
- Each student’s registration form must be signed by a parent or guardian.
- The Town of Colonie reserves the right to cancel a class prior to start of the session.

REFUNDS & WITHDRAWLS: Request for refunds must be made in writing to the Park Office prior to Friday, June 9th. There are no refunds for swimmers that withdraw from instruction or missed classes.



SWIM PROGRAMS:

Learn – to- Swim Programs:

The programs are open to children who are 6 years or older by June 26, 2017. The registrant’s American Red Cross Swimming Achievement Card must accompany the registration form. To ensure safety, registrants without a card will initially be placed in a “Beginners” class until evaluated.

Learn – to- Swim:

- Level 1: Introduction to Water Skills
- Level 2: Fundamental Aquatic Skills
- Level 3: Stroke Development
- Level 4: Stroke Improvement
- Level 5: Stroke Refinement
- Level 6: Swimming and Skill Proficiency

Dates: Monday, June 26 – Friday, July 7
Monday – Friday (no classes July 4)

Times: 9:00 am – 9:45 am
10:00 am – 10:45 am
11:00 am – 11:45 am

Eligibility: Town of Colonie Resident and be 6 years old by June 26, 2017

Fee: \$50 per session.



Guard Start and Water Safety Program:

The program is designed **to begin a foundation of skills**, knowledge and attitudes needed for future lifeguards. The program consists of five categories: fitness, prevention, water rescues, response and leadership. **Student must be 11 years old or older by June 26, 2017 and able to demonstrate the following skills:**

- Swim 250 yards continuously using crawl, sidestroke and elementary backstroke.
- Tread water for 1 minute using arms and legs.
- Standing front dive.

Dates: Monday, June 26 – Friday, July 7
Monday – Friday (no classes July 4)

Time: 9:00 am – 11:45 am

Eligibility: Town of Colonie Resident and be 11 years old or older by June 26, 2017 and be able to demonstrate listed skills, see program description.

Fee: **\$50 per session.**

2017 SWIM PROGRAMS REGISTRATION FORM

Send Registration Form to:

Parks and Recreation Department
 Learn to Swim Program
 71 Schermerhorn Road
 Cohoes, NY 12047

PAYABLE TO: Town of Colonie

NAME: _____

ADDRESS: _____

CITY & ZIP CODE: _____

E-MAIL: _____

Primary Phone: _____ Emergency Phone: _____

Medical Concerns:

Participant's Name: _____

Concerns: _____

Participant's Name: _____

Concerns: _____

REFUND POLICY: No refunds after June 9th, 2017.

Participant's Name	Program	Level	Age	Time	Program Fee(s)	Total Fee(s) Due

LIABILITY WAIVER: PLEASE READ THE FOLLOWING STATEMENT, INITIAL, SIGN & DATE:

By signing the LIABILITY WAIVER I acknowledge and assume risks and hazards incidental to the program enrolled and release and hold harmless the Town of Colonie and for injury to person, damaged, lost or stolen property.
 INITIAL: _____

I hereby grant the Town of Colonie the right to take photographs of the participant(s) listed above taken during the 2017 Learn to Swim Program.
 INITIAL: _____

I have read and understand the Swim Program Policies. INITIAL: _____

 (Name of parent or guardian)

 (Signature and date)

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