



## OAK "I Can Swim" Program 2011-2012

Appleby College Pool (540 Lakeshore Road West)

### SESSION 1:

- Option A:** Friday 5 - 6 pm: September 9 - November 4 (8 lessons).  
NO class October 7.
- Option B:** Friday 6 - 7 pm: September 9 - December 9 (12 lessons).  
NO classes October 7 & November 11.
- Option C:** Saturday: 9:30; 10:30 or 11:30 am. Sept. 10 - Dec. 10.  
NO classes October 8 & November 12 (12 lessons).

### SESSION 2:

- Option A:** N/A
- Option B:** Friday 6 - 7 pm: January 6 - March 2 (NO class Feb. 17).
- Option C:** Saturday: 9:30; 10:30 or 11:30 am  
January 7 - March 3 (8 lessons, NO class Feb. 18).

### SESSION 3:

- Option A:** Friday 5 - 6 pm: March 23 - May 25 (8 lessons).  
NO classes April 6 & May 18
- Option B:** Friday 6 - 7 pm: March 23 - May 25 (8 lessons).  
NO classes April 6 & May 18
- Option C:** Saturday: 9:30; 10:30 or 11:30 am  
March 24 - May 26 (8 lessons).  
NO classes April 7 & May 19

### SESSION 4:

- May 30, June 6, 9, 13, 16, 20, 23 & 27 (8 lessons, NO class June 2)).
- Option A:** Wednesday 5 pm & Saturday 9:30 am
- Option B:** Wednesday 6 pm & Saturday 10:30 am
- Option C:** Wednesday 7 pm & Saturday 11:30 am

## 2011/2012 Season

To help streamline the registration process, families have the option to register for the full season (September 2011 to June 2012). This will help to ensure that you have the session and time that best suits your schedule for the season.

Families can pay with one cheque or with postdated cheques (*see below for dates*). ALL cheques MUST accompany signed registration form.

Please note that only sessions 8 weeks and over OR two consecutive sessions qualify for the fitness tax credit. You will need to determine precise qualifications at time of filing. Receipts will be distributed by email half way through each session.

We regret that we are unable to accommodate "make up" class requests as we strictly adhere to maximum class sizes.

Postdated cheques, made out to "Oakville Aquatic Club", should be dated as follows:

Session 1:	August 15, 2011
Session 2:	December 15, 2011
Session 3:	February 15, 2012
Session 4:	May 1, 2012

\* If you register for Sessions 1 through 4 **prior** to the start of Session 1, Session 4 will be discounted to a fee of \$126.

**The discount is forfeited if you withdraw from sessions 1, 2 or 3 at a later date.**

**Oakville Aquatic Club: 905 842-0903**

The Sears I Can Swim program, designed by Swim Canada, focuses on teaching skills for achieving personal excellence in swimming.

I Can Swim teaches children the fundamental skills of pre competitive swimming as well as water safety. ICS emphasizes individual swimming progression and stroke refinement, rather than using a traditional pass/fail approach. The skills acquired allow for an easy transition to all aquatic sports.

Emphasis is on the individual learner's needs, with a maximum of five students per instructor. Certified instructors use continuous encouragement and positive feedback to teach freestyle, breaststroke, backstroke, butterfly, dives and flip turns.

The hour-long lesson means more time spent swimming and improvements in your child's skills, endurance, speed and fitness level. The program centres the learning around promotion of self-esteem and confidence building.

Location of Lessons:  
**Appleby College Pool**, 540 Lakeshore Road West  
(4<sup>th</sup> Line & Lakeshore Road)

A map of the location of the pool can be found at:  
<http://www.appleby.on.ca/uploaded/Assets/forms/Currentcolourmap.pdf>

**All stages are offered at each time option.**

**SWIMMER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth (dd/mm /yy) \_\_\_\_\_ Age: \_\_\_\_\_ M  F   
 Level: \_\_\_\_\_ Previous swim school attended: \_\_\_\_\_  
 Doctor's Name & # \_\_\_\_\_  
 Medication Yes  No  If yes \_\_\_\_\_ Allergies Yes  No  If yes \_\_\_\_\_  
 Alternate Emergency Person \_\_\_\_\_  
 Phone No. for Alt. Emerg. Person \_\_\_\_\_

**FAMILY INFORMATION**

Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Tel. No. (H) \_\_\_\_\_ Tel. No. (C) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

*Please complete email address – it will be used for confirmation and child tax credit receipt*

**TO KEEP US INFORMED:** where did you hear of our Swim Club? \_\_\_\_\_

	Option A	Option B	Option C	TIME	CHQ #	FEE
Session 1:	\$168	\$252	\$252			
Session 2:	n/a	\$168	\$168			
Session 3:	\$168	\$168	\$168			
Session 4:	\$168*	\$168*	\$168*			
					<b>Total:</b>	

**CONSENT**

The swimmers will be supervised and all reasonable safety precautions will be stressed. However, I hereby authorize the coaches, in the event of an emergency, to obtain the medical services as required so that he/she may undergo any necessary treatment. In all cases, attempts will be made to contact parents. It is the responsibility of the parent/guardian of each swimmer to have their child checked by their physician to ensure he/she is physically capable of participating in training and to notify the Club of any health problems that may affect his/her participation in Club activities.

**INDEMNITY AND AUTHORISATION**

In consideration of the OAKVILLE AQUATIC CLUB specified in this form permitting my/our child to participate in the Club, we hereby promise to indemnify and save harmless the OAKVILLE AQUATIC CLUB, its employees and its members from and against all claims, demands, actions, and proceeding, by whomever made or brought, in respect of any costs, expenses, loss, damage, or injury, including death arising by reason of or in connection with my/our child(s) participation in the said activities and hereby release and forever discharge the OAKVILLE AQUATIC CLUB, its employees and members from and against all claims or demands whatsoever which we, our child, our or his/her heirs, executors, administrators or assigns, can share or may have reason of the provision of medical care to me/him/her.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Forms and cheques can be mailed to the P.O. Box address or dropped off at the OAK office located in the Iroquois Ridge Recreation Centre (1051 Glenashton Drive).

**Signed registration form MUST accompany payment.**

**Refund requests are subject to a \$20 withdrawal fee. A refund after the second lesson will require a doctor's note.**

If you have any questions, please call the OAK Office at 905 842 0903 or email oak@bellnet.ca

Additional registration forms can be downloaded from the website at [www.oakvilleaquatics.ca](http://www.oakvilleaquatics.ca) (programs/ICS registration)



## 2011-12 learn to swim programs



Oakville Aquatic Club is proud to offer the nationally recognized Sears I Can Swim program. ICS is an innovative swim program, designed by Swimming/Natation Canada, for children ages 5 and up.

[www.oakvilleaquatics.ca](http://www.oakvilleaquatics.ca)