



Swim Lessons

North County Aquatic Center
 9450 CR512
 Sebastian, FL 32958
 (772) 581-7665

Gifford Aquatic Center
 4895 43rd Avenue
 Vero Beach, FL 32967
 (772) 770-5312

Baby and Me Classes

(Ages 6 months – 2 years)

Caregivers and children learn together to increase a child's comfort level in the water and build a foundation of basic skills, such as arm and leg movements and breath control. The two levels are fun-filled and help introduce water safety concepts.

Preschool Lessons

(Ages 3 – 5)

Throughout the three levels, preschool-age children are taught basic aquatic safety and survival skills. They are encouraged to gain greater independence and increase their comfort level in and around the water. Skills are age-appropriate, helping children achieve success.

Learn-to-Swim (Ages 6 and up)

Designed to help participants achieve maximum success, Learn-to-Swim courses are based on a logical, six-level progression that helps swimmers develop their water safety, survival and swim skills.

Below are descriptions of what the participant should be able to do before enrolling in each level.

Level 1 – Introductory

May have little or no exposure to swimming and/or lessons. Participant needs no prior experience

Level 2 – Fundamental

Comfortable in the water, can glide on their front with face in the water and roll to their back and float.

Level 3 – Stroke Development

Push off and swim using combined arm and leg actions for 5 body lengths, roll to back and float, then roll to front and swim an additional 5 body lengths

Level 4 – Stroke Improvement

Are able swim front stroke for 15 yards, roll to back and swim elementary backstroke an additional 15 yards

Level 5 – Stroke Refinement

Are able to swim all four swim strokes 15-25 yards each.

Level 6 – Swimming and Skill Proficiency

Are able to swim all strokes appropriately for 25-50 yards using formal turns and switching body position.

Adult Lessons

(Ages 18 and up)

Lessons available from beginners to competitors. Learn how to swim or receive valuable instruction on how to improve your strokes, turns, or breathing.

Group Lessons

8 – 25 min. classes

\$40

Private Lessons

4 – 25 min. classes

\$80



**American
Red Cross**

Do you need a scholarship? Ask us if you qualify!

Group Sessions

Monday – Thursday
 Morning or Evening

Session 1

June 5 – 15

Session 2

June 19 – 29

Session 3

July 3 – 13

Session 4

July 17 – 27

Session 5

Jul 31 – Aug 10

Group Sessions

Tuesday & Thursday
 Evenings only

Session A

June 6 - 29

Session B

July 11 – Aug 3

Registration begins May 6th

North County: 9:00 - 12:00

Gifford: 12:30 - 3:30

***\$5 discount and free swim level evaluation
 on first day of registration***

www.ircgov.com/pools



INDIAN RIVER COUNTY
North County Aquatic Center
(772) 581-7665
Gifford Aquatic Center
(772) 770-5312



Swim Lessons

REGISTRATION APPLICATION

Swimmer's Name: _____ Age: _____ DOB: _____

Phone: _____ Street Address: _____

City: _____ Zip Code: _____

E-mail Address: _____

Mom's Name: _____ Cell #: _____ Work #: _____

Dad's Name: _____ Cell #: _____ Work #: _____

Class cancelations will be limited. Group lessons will have up to two classroom session during poor weather conditions (Not applicable for Baby and Me classes)

DATE: _____ SIGNATURE: _____

*****No Refunds – Credits only*****

Session: _____ Level: _____ Paid: _____ Staff: _____

Session: _____ Level: _____ Paid: _____ Staff: _____

Session: _____ Level: _____ Paid: _____ Staff: _____

Session: _____ Level: _____ Paid: _____ Staff: _____

Session: _____ Level: _____ Paid: _____ Staff: _____

Session: _____ Level: _____ Paid: _____ Staff: _____

Session: _____ Level: _____ Paid: _____ Staff: _____

RELEASE, WAIVER, COVENANT NOT TO SUE, INDEMNITY AND ASSUMPTION OF RISK AGREEMENT; AGREEMENT TO USE LIKENESS OR IMAGE

(ACTIVITY)

Please Read Carefully

In consideration of Indian River County allowing the undersigned and, if applicable, his or her minor children and/or wards (collectively "Children"), to participate in the following activity _____ (the "Activity"), the undersigned, after carefully reading and understanding this agreement, hereby knowingly and voluntarily (a) releases, satisfies and discharges Indian River County, including its commissioners, officers, employees and agents (collectively the "County") from any and all claims, causes of action, losses, damages, expenses or liabilities of any type whatsoever, arising out of any personal injury, death or property damage occurring during the course of, or relating in any way to, the Activity (collectively "Claims"), (b) irrevocably waives all Claims, (c) agrees that the County shall have no liability with respect to any Claims, and agrees not to sue the County with respect to any Claims, (d) agrees to defend, hold harmless and indemnify the County with respect to any Claims, including reasonable attorneys fees, (e) acknowledges and assumes all risk of personal injury, death or property damage occurring during the course of, or relating in any way to, the Activity, and (f) acknowledges and agrees that sections (a), (b), (c), (d) and (e) above shall apply to any Claims accruing or arising at any time after the date of this agreement through completion of the last and final event relating in any way to the Activity, and shall apply to any Claim based, in whole or in part, upon any negligence by the County.

In addition to the above, I agree that the County may use and publish any photographs, video or digital images of me and/or any Children in any media (e.g., print, television, etc) for the purpose of advertising or promoting the County generally, or the Activity.

This agreement has been signed by the undersigned on behalf of himself/herself, and on behalf of any Children, and shall be binding upon the undersigned and any Children, and the personal representative or heirs of the undersigned and any Children.

Date: _____

Signature: _____

Print name: _____

List Children, if any:



567-8000 ext. 1-REC

INDIAN RIVER COUNTY RECREATION DEPARTMENT



567-8000 ext. 1-REC

Consent to Medical Treatment of Minor

If the applicant is under 18 years of age, the parents or guardian must execute in addition to the minor.

I hereby authorize any duly authorized physician, emergency medical technician, paramedic, nurse, hospital or other medical facility to treat myself or said minor for the purpose of attempting to treat or relieve any injuries received by myself or said minor while I or he was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure which he deems advisable if attempting to treat or relieve any injuries or any related unhealthy conditions of myself or said minor that he may encounter during any necessary operation.

I consent to the administration of anesthesia to myself and/or said minor as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of my treatment.

The undersigned parent and natural guardian or legal guardian of said minor does hereby represent that he is, in fact, in such capacity and agrees to save and hold harmless and indemnify Indian River County, Florida, School District of Indian River County and their directors, officers, employees, volunteers, agents and representatives, event holders, event sponsors, event directors, event volunteers, physicians, emergency medical technicians, paramedics, nurses, hospitals or other medical facilities from all liability, lost, cost, claim or defect in lack of such capacity to so act and release said parties on behalf of the undersigned.

Event: Swim Lessons

Name of Minor: _____
Print or Type

Name of Parents or Guardian: _____
Print or Type

Address: _____
Street

City: _____ **State:** _____ **Zip:** _____

Parent's Signature: _____ **Date:** _____



For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I agree to the following terms and conditions:

I, the undersigned, have agreed to appear in the educational and training programs and materials, advertising, marketing and/or public relations campaigns of The American National Red Cross ("Red Cross"). I understand that my name and image may be recorded by various mechanical and electrical means of all descriptions, including but not limited to still photography, video recording, motion picture filming and audio recording (the "Released Subject Matter").

I hereby freely and without restraint, consent to and give irrevocably to Red Cross, its governors, officers, directors, employees, designees, subsidiaries, affiliates, licensees, successors, assigns, agents, and contractors, my consent and authorization in perpetuity to use, publish and republish in any form or media, my likeness, including without limitation my name, image, voice, persona, performance, actions, and statements (my "Likeness") in the Released Subject Matter for any use through any media and/or any other exhibition for any purpose whatsoever, including but not limited to educational and training programs, advertising, publicity, fundraising, media relations, promotions, emails, social media, viral Internet communications, print and online.

I waive any right to see or approve any materials in which my Likeness is used. I acknowledge that Red Cross shall have no obligation to use my Likeness or the Released Subject Matter. I agree and understand that my Likeness may be modified or distorted and that my own name, a fictitious name, or no name may be used in association with my Likeness. I agree and understand that my Likeness as recorded under this Release in the Released Subject Matter and any materials using the Released Subject Matter (collectively the "Content") are the exclusive property of Red Cross, and I assign to Red Cross, any right, title, or interest I may have in any Content, including all copyright interests.

I agree that I am not entitled to any further compensation or other consideration in connection with the distribution, exploitation, or other use of the Released Subject Matter.

By virtue of my voluntary submission of my Likeness and participation in the Released Subject Matter and execution of this Release, I irrevocably release, discharge, and hold harmless Red Cross, its governors, officers, directors, employees, designees, subsidiaries, affiliates, licensees, successors, assigns, agents, and contractors from any and all claims, demands, or causes of action that I may now have or may hereafter have related to or arising from the capture and creation of the Released Subject Matter, Content and/or use of my Likeness. Further, I forever release, discharge, and hold harmless Red Cross, its governors, officers, directors, employees, designees, subsidiaries, affiliates, licensees, successors, assigns, agents, and contractors from any and all claims, demands, or causes of action from third parties related to or arising from the capture and creation of the Content, the Released Subject Matter and/or use of my Likeness.

By signing this Release, I agree and represent that I can enter a contract in my own name, that I have read this Release and fully understand its contents, and that this Release shall be binding upon me and my heirs, legal representatives, and assigns. If the individual named below is a minor, as their parent and/or legal guardian, I consent and agree, to the foregoing terms and provisions.

Name of Person photographed, recorded or interviewed.		Age (if minor)
Parent or legal guardian (if minor)		
Street address, city, state and zip code		
Email address		Phone number
Signature		Date