

# PINEWOOD FAMILY AQUATICS CENTER 2009

**PUBLIC SWIM**

**Session 1** 1:30-4:15 M-F  
**Session 2** 6:30-8:15 M-F

**SWIM FEES**

City Out

**Session 1**  
 5 yrs-under \$1.00  
 6-18 yrs \$2.00  
 19 yrs-up \$3.00

**Family Individual Lap Swim**  
 \$1.25 \$31.00  
 \$3.00 \$27.00  
 \$4.00 \$41.00

**SEASON PASS RATES**

City Out  
 \$55.00 \$69.00  
 \$32.00 \$40.00  
 \$25.00 \$32.00

**LAP SWIM**

**Session 1** 12:00-1:00 M-F  
**Session 2** 5:00-6:00 M-F  
 Fees: City: \$2.00 Out: \$2.25  
 5 yrs-under \$1.00  
 6-18 yrs \$1.25  
 19 yrs-up \$2.00

Includes (4) People immediate Family- \$5.00 additional

**SWIM LESSONS**

Morning sessions 10:00 - 12:00 M-F

Parent TOT lessons 12:00 -12:25

shallow end with lap swim

Afternoon sessions 4:30 -6:00 M-F

25 min. lessons start each 1/2 hour

**SWIM LESSON FEES**

City Out

**First Time** \$28.00 \$31.00  
**Repeat** \$23.00 \$27.00  
**1/2 Class** \$39.00 \$41.00  
**Private** \$15.00/Hr \$17.00/Hr

**LESSON SCHEDULE**

**Session 1** June 22-July 3  
**Session 2** July 6-July 17  
**Session 3** July 20-July 31  
**Session 4** Aug 3-August 14

**HOURS**

10:00 Level 1A, 1B, 2,3,5/6  
 10:30 Level 1A,1B,2,3,4  
 11:00 Level 1B,2,3,4, 4/5 Year olds  
 11:30 Level 1B,2,3,4, 4/5 Year olds

**CLASSES**

1A, 1B, 2,3,5/6  
 1A,1B,2,3,4  
 1B,2,3,4, 4/5 Year olds  
 1B,2,3,4, 4/5 Year olds

**HOURS**

12:00 Parent and Tot  
 4:30 Level 1B,2,3,5/6, 4/5 Year olds  
 5:00 Level 1A, 1B  
 5:30 Level 1A,1B

**CLASSES**

Parent and Tot  
 Level 1B,2,3,5/6, 4/5 Year olds  
 Level 1A, 1B  
 Level 1A,1B

**SWIMMING LESSON REGISTRATION**

Participant's Name: \_\_\_\_\_ Parent or Guardian's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS: YES: \_\_\_\_\_ NO: \_\_\_\_\_**  
**IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

**WAIVER:** I hereby, for myself, my child(if minor), my heirs, executors, waive and release any and all rights and claims for damage I may have against the City of Columbia Falls and it's assets, employees, and representatives, for any and all injuries suffered by myself or child at any activity sponsored by the City of Columbia Falls. I understand the risks and state that my health (or child's health) warrants participation. I hereby agree to abide by all the rules and regulations administered by the City of Columbia Falls Parks/Pool Department. I understand photos may be taken during this activity and may be used for promotional material for the City of Columbia Falls programs.

**Parent or Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CASH** \_\_\_\_\_ **CHECK** \_\_\_\_\_ **DATE PAID** \_\_\_\_\_

**SEASON PASS APPLICATION FORM**

Complete the following & mail along with your check Payable to:

City of Columbia Falls  
 ATTN: Parks/Pool Department  
 130 6th Street West  
 Columbia Falls, MT 59912

Name: \_\_\_\_\_ Pass Cost \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

Please Print:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CASH** \_\_\_\_\_ **CHECK** \_\_\_\_\_ **DATE PAID** \_\_\_\_\_