

PINEWOOD FAMILY AQUATIC CENTER 2016

PUBLIC SWIM

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

LAP SWIM

Session 1 12:00-1:00 M-S
Session 2 5:00-6:00 M-F
 Fees: City: \$2.00 Out: \$2.25

SWIM FEES

	City	Out
Session 1		
5 yrs-under	\$1.00	\$1.25
6-18 yrs	\$2.00	\$3.00
19 yrs-up	\$3.00	\$4.00
Session 2		
5 yrs-under	\$1.00	\$1.25
6-18 yrs	\$1.25	\$1.75
19 yrs-up	\$2.00	\$2.50

SEASON PASS RATES

	City	Out
Family	\$55.00	\$69.00
Individual	\$32.00	\$40.00
Lap Swim	\$25.00	\$32.00
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
 Afternoon sessions 4:30 -5:30 M-F

 25 min. lessons start each 1/2 hour

SWIM LESSON FEE'S

	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 6/27-7/8
Session 2 7/18-7/29
Session 3 8/1-8/12

Private Lessons also may be scheduled

CLASSES: 1A, 1B, 2, 3, 4, 5/6, 4/5 YEARS OLD & PARENT AND TOT
 HOURS: 10:00, 10:30, 11:00, 11:30, 12:00, 4:30, 5:00, 5:30

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	Name:	Pass	Cost
ATTN: Parks/Pool Department	1 _____	_____	_____
130 6th Street West	2 _____	_____	_____
Columbia Falls, MT 59912	3 _____	_____	_____
	4 _____	_____	_____

Please Print:
 Last Name: _____ First: _____
 Street Address _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

CASH _____ **CHECK** _____ **DATE PAID** _____