

# NEW HOOD FARM AQUATIC CENTER 2019

**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**

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

**Family Individual Lap Swim**

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

**SEASON PASS RATES**

	In City	Out
	\$60.00	\$75.00
	\$32.00	\$40.00
	\$30.00	\$38.00

**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

**SWIM LESSON FEE'S**

	In City	Out
<b>First Time</b>	\$28.00	\$31.00
<b>Repeat</b>	\$23.00	\$27.00
<b>1/2 Class</b>	\$39.00	\$41.00
<b>Private</b>	\$20.00/Hr	\$25.00/Hr

**LESSON SCHEDULE**

**Session 1** TBD  
**Session 2** TBD  
**Session 3** TBD

Private Lessons also may be scheduled

25 min. lessons start each 1/2 hour

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  
 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: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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