



Youth Swimming Lessons

JUNE 4 - June 27

(4 Week Session)

| | | |
|--------------|---------|-------------|
| PRESCHOOL 1: | SUNDAY | 10:30-11AM |
| | TUESDAY | 4:30-5PM |
| PRESCHOOL 2: | SUNDAY | 10:30-11AM |
| | TUESDAY | 4:30-5PM |
| PRESCHOOL 3: | SUNDAY | 11-11:30AM |
| | TUESDAY | 4:30-5PM |
| LEVEL 1 | SUNDAY | 10:30-11AM |
| | TUESDAY | 5-5:30PM |
| LEVEL 2 | SUNDAY | 11-11:30AM |
| | TUESDAY | 5-5:30PM |
| LEVEL 3 | SUNDAY | 11-11:45AM |
| | TUESDAY | 5-5:45PM |
| LEVEL 4 | TUESDAY | 5:45-6:30PM |

SPACE IS LIMITED !

| | |
|-------------|-------|
| Members : | \$100 |
| Non-Members | \$140 |

NO MAKE UP CLASSES

PREMIER
ATHLETIC CLUB
2127 ALBANY POST ROAD
MONTROSE, NY 10548
www.premierathletic.com

For more information, please contact Aquatics Director,
Illeana Bushell C.P.R.P at 914-739-7755 ext.115

YOUTH SWIMMING LESSONS

4 WEEKS

Child Name: _____ Date of Birth: _____

Email: _____ Parents Name: _____

Address: _____ City/St/Zip: _____

Home Phone # _____ Work Phone # _____

Preschool: _____ Level: _____

Youth Swimming Lessons \$100 Member / \$140 Non-Member

Member _____ Non-Member _____

Amount Paid: _____ Cash _____ Check # _____ Credit _____

HC _____ Initial _____

I hereby waive and release rights/claims for damages I may have against the Premier Athletic Club and its employees, and all injuries that may be suffered in connection with participation in the Youth Swimming Lessons.

Parent's Signature: _____ Date: _____