

# Swim Lessons

**\* All Swim Lessons Take Place At Glen Hills Middle School \***

**Fee: \$49.00R / \$59.00NR**

Level	Date	Day	Time	Program#
School Age Level 1	March 7 - May 2 (skip 3/28)	Tuesdays	3:05 - 3:45pm	215010-24
Preschool Level 3	March 7 - May 2 (skip 3/28)	Tuesdays	3:45 - 4:15pm	215010-25
School Age Level 2	March 7 - May 2 (skip 3/28)	Tuesdays	4:15 - 5:00pm	115010-26
Preschool Level 1	March 7 - May 2 (skip 3/28)	Tuesdays	5:00 - 5:30pm	215010-27
School Age Level 4, 5, 6	March 7 - May 2 (skip 3/28)	Tuesdays	5:30 - 6:15pm	215010-28
Preschool Level 2	March 7 - May 2 (skip 3/28)	Tuesdays	6:15 - 6:45pm	215010-29
Teen/Adult Beginner	March 7 - May 2 (skip 3/28)	Tuesdays	7:30 - 8:15pm	215010-30
School Age Level 1	March 9 - May 4 (skip 3/30)	Thursdays	3:05 - 3:50pm	215010-31
Preschool Level 1	March 9 - May 4 (skip 3/30)	Thursdays	4:00 - 4:30pm	215010-32
School Age Level 3	March 9 - May 4 (skip 3/30)	Thursdays	4:30 - 5:15pm	215010-33
School Age Level 4, 5, 6	March 9 - May 4 (skip 3/30)	Thursdays	5:15 - 6:00pm	215010-34
School Age Level 2	March 9 - May 4 (skip 3/30)	Thursdays	6:00 - 6:45pm	215010-35
Teen/Adult Intermediate	March 9 - May 4 (skip 3/30)	Thursdays	7:30 - 8:15pm	215010-36
Preschool Level 1	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	9:00 - 9:30am	215010-37
School Age Level 1	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	9:00 - 9:45am	215010-38
Preschool Level 2, 3	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	9:30 - 10:00am	215010-39
School Age Level 4,5,6	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	9:45 - 10:30am	215010-40
Preschool Level 1	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	10:00 - 10:30am	215010-41
School Age Level 3	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	10:30 - 11:15am	215010-42
Parent/Child I	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	10:30 - 11:15am	215010-43
Parent/Child II	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	11:15 - 12:00noon	215010-44
School Age Level 2	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	11:15 - 12:00noon	215010-45
Special Needs (all ages)	March 11 - May 13 (skip 3/25, 4/1)	Saturdays	12:00 - 12:45pm	215010-46
School Age Level 2	May 9 - June 1	Tues & Thurs	3:05 - 3:50pm	215010-47
Preschool Level 1	May 9 - June 1	Tues & Thurs	4:00 - 4:30pm	215010-48
School Age Level 3 & 4	May 9 - June 1	Tues & Thurs	4:30 - 5:15pm	215010-49
School Age Level 1	May 9 - June 1	Tues & Thurs	5:15 - 6:00pm	215010-50
Preschool Level 1	May 9 - June 1	Tues & Thurs	6:00 - 6:30pm	215010-51
Preschool Level 2 & 3	May 9 - June 1	Tues & Thurs	6:30 - 7:00pm	215010-52

**Private swim lessons also available.**

**For more information please call Cindy Schlidt at (414) 531-SWIM.**

**Fee: \$32.00R/\$42.00NR for private lessons & \$27.00R/\$37.00NR for semi-private lessons**

**The complete Nicolet & Glen Hills Aquatic Schedule is located on the Nicolet Website**

[http://www.nicolet.us/activities/aquatic\\_schedule.cfm](http://www.nicolet.us/activities/aquatic_schedule.cfm)

register with:



**Nicolet Recreation Department**  
6701 N. Jean Nicolet Rd.  
Glendale, WI 53217

**Phone: (414) 351-7566**  
**Fax: (414) 351-4053**  
**www.nicolet.us**



**On-line registration: <https://rec.nicolet.k12.wi.us>**

# Registration Form



**Nicolet Recreation Department**  
 6701 N. Jean Nicolet Rd.  
 Glendale, WI 53217

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**Nicolet Recreation**

Household Information: \_\_\_\_\_ Date: \_\_\_\_\_ Alumni: \_\_\_\_\_

Name (person filling out form): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Unless otherwise notified, assume that you are enrolled in the program.**

Name	Sex	Birthdate	Grade	Program#	Program Name	Fee

<p><b>Reduced Fee School Meal Program for Nicolet School District Students</b>                  For those families who meet the criteria for free school meal program, your child's class fee can be reduced by 50% (supplies and materials excluded). School lists will be used to verify eligibility. "I certify that my child/children is/are eligible for the reduced fee school meal program"</p> <p>Signature _____</p>	<p>Subtotal Fee: _____</p> <p>Less Reduced Fee: _____</p> <p>Total: _____</p>
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Waiver and Release of Claims  
 "As a participant/parent/guardian in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I/my child may ward or sustain as a result of participating in any and/or all activities connected with or associated with such a program. I agree to waive and relinquish all claims I/my child may ward or may have as a result of participating in this program against the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants and employees. I do hereby fully release and discharge the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I/my child may ward or may have or which may accrue to me/them on account of my/our participation in this program. I further agree to indemnify and hold harmless and defend the Nicolet Recreation Department/Nicolet High School and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me/them and arising out of, connected with, or in any way associated with the activities of this program. I have read and fully understand the above program details and waiver and release of all claims."

For the activities that apply:  
**Concussion & Head Injury Disclosure**  
 "As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By agreeing to this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury."  
 For more information go to: [http://www.nicolet.k12.wi.us/cms\\_files/resources/concussion.pdf](http://www.nicolet.k12.wi.us/cms_files/resources/concussion.pdf)  
**Parent Agreement:**  
 I have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.  
**Athlete Agreement:**  
 I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Cash \_\_\_ Check \_\_\_ / # \_\_\_ made payable to Nicolet Recreation Dept.

Credit Card \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Expiration Date \_\_\_\_\_

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Ways To Register: On-line!, Mail, Fax, Walk-In, Phone, & Drop Box**

