## **COR Swim School** Fall - November to December, 2025 Session 3

## GARLAND ISD NATATORIUM

2585 Firewheel Parkway, Garland, TX 75040

\*Payment due in full the first day of each session, cash or check only **Check payable to: COR Swimming** 

## **TUESDAY Class (\$100 for 4 Classes)**

Tuesday Classes: 5:15 – 5:45 PM / 5:45 - 6:15 PM / 6:15 - 6:45 PM (Circle One Time)

Tuesday Session 3 Class Dates: November 11, 18 & Dec. 9, 16 - (4 classes - \$100) No refunds for missed classes. Please read dates carefully.

## THURSDAY Class (\$100 for 4 Classes)

Thursday Classes: 5:15 – 5:45 PM / 5:45 - 6:15 PM / 6:15 - 6:45 PM (Circle One Time)

Thurs. Session 3 Class Dates: November 6, 20 & Dec. 11, 18 / (No class Nov 13) (4 classes - \$100) No refunds for missed classes. Please read dates carefully.

*USA SWIMMING POOL DECK POLICY: No parents/guardians will be allowed on deck for Swim School classes. Instructors will help Swim Schoolers get to and from the pool. Parents may observe from the lobby or stands. I appreciate your cooperation with this Swim School policy. Please note: You may not video record any other swimmers.  PLEASE INITIAL THAT YOU HAVE READ THIS POLICY:	
	Name: Age: Birth Date:
Level of Ab	bility: Please indicate what applies to your child. (Circle what applies to your swimmer)
My Child: V	WILL NOT put face in water / is uncomfortable in the water / fearful of the water
My Child: IS	S able to hold breath underwater / blow bubbles, IS comfortable but unable to swim unassisted
My Child: I	S able to swim short distances (from side to parent / parent to parent, etc.)
My Child: IS	able to swim 15-20 yards unassisted, float on stomach / back, and ready to learn competitive strokes
My Child: IS	able to swim 25 yards or more, strong recreational swimmer, some knowledge of competitive strokes
Parent's Nam	ne: Returning? Date last swam
Home Addre	ss:Cell Phone:
Email.	(Please Print Clearly)