

TENNIS CLUB OF ROCHESTER YOUTH SWIM LESSONS

TCR offers weekly youth group swim lesson sessions
Lessons are offered Monday-Thursday
Fridays are reserved for make-ups due to rainouts/weather

*Minimum age for all swim lessons is 4 years old.

Beginner Swimmers

For swimmers who can not swim across the pool on water surface independently

9:45-10:20am

Per Session

\$50 Members

\$60 Non-Members

Intermediate & Advanced Swimmers

For swimmers able to swim across the pool on water surface, using any stroke

9:00-9:45am

Per Session:

\$50 Members

Swim Team

For swimmers ready to enter a more competitive swimming experience, join the TCR swim team. The TCR Swim Team will practice on Mondays and Wednesdays from 8:00-9:00am and Fridays 9:15-10:15am. Swim meets take place at TCR and area clubs on Tuesdays.

Cost:

\$65 Members

\$80 Non-Members

Session Selection

Each session is 1 week long with lessons **Monday-Thursday**

Friday is reserved for make-ups due to inclement weather & 4th of July Holiday

Session 1: June 24th – June 27th

Session 2: July 1st- July 5th (No Thursday class)

Session 3: July 8th-July 11th

Session 4: July 15th- July 18th

Session 5: July 22nd-25th

Private Lessons

Available upon request, private lessons are booked for 30 minutes at a rate of \$20 Members and \$25 Non-Members

For questions regarding swim lessons, contact TCR Pool Manager

Deborah Burke any time by email at

dburke1@rochester.rr.com

or at (585) 381-2529 ext. 110

Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate:
Any known medical concerns or allergies:
Phone Number:
Email Address:
Home Address:
Emergency Contact Name:
Emergency Contact Number:

Participant Agreement: TCR has permission to use photographs, slides or videotapes of me in promotional materials such as brochures, ads, web sites, or newspaper releases. I will not be informed or reimbursed for such photographs. TCR athletic programs are structured activities and can be physically challenging. I hereby certify, after consultation with my health care provider, that I am in a state of health appropriate to the activity and is capable of participating safely.

Any exceptions should be noted: _____

Signature _____ Date _____

Contact the TCR Front Desk for more Information: info@tcr1886.com (585) 381-2529 ext. 100

Register Online at TCR1886.com or Fill Out this Form and Return to TCR

Tennis Club of Rochester, 570 Kreag Road, Pittsford, New York 14534



Office Use Only:

Membership Verified: **Member** **Non-Member:** Payment Received: Amt: _____ **Cash** **Check** # _____ **Charge**

Profile completed? Yes No

Staff Receiving Form: _____ Date: ____/____/____