



Schoharie Community Pool Recreation and Swim Program Summer 2017

{"Schoharie Central School District has been asked to distribute this flyer in an attempt to make the community aware of this event. The district is not promoting or sponsoring this event." --- SCS Supt.'s Office}

"Come Swim With Us"

Schoharie Village Office
- 295-8500
Pool phone 295-8163

Swim Hours and Programs

Swimming Instruction	M - F, 7:30 am - 11:30 am (see course offerings below)
Guard Swim	M - F, 11:30am - 12:00pm
Lap Swim	M - F, 12:00 pm - 1:00 pm (must be 15 yrs. or older)
Open Swim	1:00 pm - 5:00 pm, 7 Days a week
Swim Team	M - F, 5:00 pm - 6:00 pm (registration fee of \$20/swimmer or \$40/family) First meeting on June 26th. First practice on June 27 th .
Parent Tot Swim	T & TH, 6:00 pm - 6:30 pm (July 6th - Aug. 8th, 10 classes) pre-K water adjustment class that teaches the child and the parent (parents get wet too!) - <u>See course offerings</u> (below)
Splash Aerobics	M, T, & TH, 6:30 pm - 7:00 pm \$20 per 2-week block or \$5 per class
Private Lessons	M, W & F, 11:30am - 12:00pm (\$15 per 45 min. / \$10 per ½ hour)
	M, T & TH, 6:00 pm - 6:45 pm (\$15 per 45 min. / \$10 per ½ hour)
	Saturday / Sunday - 12 p.m. - 1 p.m.
Open Swim	M - F, 7:00 pm - 8:00 pm (Beginning July 3 rd)

Opening Day
June 19, 2017

Session I
Jul. 3 - Jul. 14

Session II
Jul. 17 - Jul. 28

Session III
July 31 - Aug. 11



American Red Cross

Swim Lesson Fees
and Registration

Cost: \$40.00 per 2-week session** (Those families unable to meet this cost should discuss matters with the Village Clerk at time of registration)

Return registration forms and payment to the Schoharie Village Clerk's Office before each session begins. (No applications will be accepted at the pool.)

Lesson blocks will be filled on a first come, first served basis. If the requested class becomes full, students may move to a different time or can be placed in the next session, you will be notified as soon as possible.

If you have any questions, please call the Village Office at 295-8500.

Course Offerings (Mon. - Fri.)

❖ Parent/Tot	6:00 pm - 6:30 pm (T & TH)
I: Beginner	10:30 - 11:00 am, 11:00 - 11:30 am
II: Advanced Beginner	10:30 - 11:00 am, 11:00 - 11:30 am
III: Stroke Development	9:00 - 9:45 am, 9:45 - 10:30 am
IV: Stroke Improvement	8:15 - 9:00 am, 9:00 am - 9:45 am
V: Stroke Refinement	8:15 - 9:00 am
VI: Fitness Swimmer	7:30 - 8:15 am
❖ Private Lessons (Fill out private lesson application & submit to Village Office)	11:30 am - 12:00 pm (M, W & F) 6 pm - 6:45 pm (M, T & TH) 12 p.m. - 1 p.m. (Saturday / Sunday)
❖ Splash Aerobics	M, T, & TH 6:30 pm - 7 pm \$20 per 2-week block or \$5 per class

Pool Registration Form

2017



*****All persons under age 18 must be registered by parent/guardian*****

Name: _____ Date of Birth: _____
(Last) (First)

Parent/Guardian: _____

Phone number(s): _____

Address: _____

(Circle One): Town of Schoharie / Village of Schoharie / Village of Esperance /
Town of Esperance / Town of Wright / Other (please list) _____

Gender: M/F Ethnicity: White ___; Black or African American ___; Hispanic or Latino ___; American Indian or Alaskan Native ___; Asian ___; Native Hawaiian or other Pacific Islander ___; Two or More Races ___

If I cannot be reached in an emergency, I authorize the pool to contact:

Health Care Provider Address Phone

Preferred Hospital Address Phone

Dentist Address Phone

If none of the above can be reached, Please call an available licensed physician or dentist or take my child to the nearest emergency room, by ambulance if necessary.

Signature of Parent/Guardian Date

Relative's Name Address Phone

Friend's Name Address Phone

My child has the following condition(s) which require special handling in an emergency:

***Please use one
Registration form per
person***

Monday-Friday Swim Lesson Sign-up

2017



Swimmer's Name _____ AGE _____

Mailing Address (please include town and zip code) _____ Telephone _____

Gender: M/F Ethnicity: White ___; Black or African American ___; Hispanic or Latino ___; American Indian or Alaskan Native ___; Asian ___; Native Hawaiian or other Pacific Islander ___; Two or More Races ___

Session preferred (please circle):

Session I

July 3 -- July 14

Session II

July 17 – July 28

Session III

July 31 – August 11

Please circle the municipality in which you live:

Village of Schoharie

Town of Schoharie

Town of Esperance

Town of Wright

Other: _____

Please circle the desired course and time:



**American
Red Cross**

Parent / Tot Tues. – Thurs (July 6th – Aug 8th)

I: Beginner

II: Advanced Beginner

III: Stroke Development

IV: Stroke Improvement

V: Stroke Refinement

VI: Fitness Swimmer

6:00 – 6:30 pm

10:30 – 11:00am, 11:00 – 11:30am

10:30 – 11:00am, 11:00 – 11:30am

9:00 – 9:45am, 9:45 – 10:30am

8:15 – 9:00am, 9:00 – 9:45am

8:15 – 9:00am

7:30 – 8:15am

Parents/Guardians/Adults Please Sign Below:

I agree to assume any costs involved in the event of an accident or injury as the Schoharie Recreation Commission does not purchase this type of insurance.

PrintName _____ Signature: _____ Date _____

Please make checks payable to the **Schoharie Recreation Commission**
(\$40.00 per child per block)

Mail or bring with the registration form to:
Schoharie Village Office
P.O. Box 219, 300 Main St.
Schoharie, NY 12157

***Please use one
application per person***

PRIVATE Swim Lesson Sign-up

2017



Swimmer's Name _____

AGE _____

Mailing Address (please include town and zip code) _____

Telephone _____

Gender: M/F Ethnicity: White ___; Black or African American ___; Hispanic or Latino ___; American Indian or Alaskan Native ___; Asian ___; Native Hawaiian or other Pacific Islander ___; Two or More Races ___

Time Slots:

M, W & F, 11:30 am – 12:00 pm

M, T & TH, 6:00 pm - 6:45 pm

Saturday / Sunday, 12 pm – 1 pm

(\$15 per 45 minutes / \$10 per ½ hour)

Please circle the desired course and note preferred dates & times:

(Class times may vary depending on instructor availability and other classes being conducted. The pool director will call to confirm dates & times once the application is submitted and before instruction commences.)

I: Beginner

II: Advanced Beginner

III: Stroke Development

IV: Stroke Improvement

V: Stroke Refinement

Please circle the municipality in which you live:

Village of Schoharie

Town of Schoharie

Town of Esperance

Town of Wright

Other: _____



American Red Cross

Want your kids to learn how to swim, but can't make it during the normal schedule?

Do you or any other adults want to learn or improve your skills?

Adults/Parents/Guardians Please Sign Below:

I agree to assume any costs involved in the event of an accident or injury as the Schoharie Recreation Commission does not purchase this type of insurance.

Print name: _____

Signature: _____

Date: _____

Please make checks payable to the **Schoharie Recreation Commission**

Mail or bring with the registration form to:

Schoharie Village Office

P.O. Box 219, 300 Main St.

Schoharie, NY 12157

Please use one application per person

Schoharie Village Office – 295-8500 / Pool phone 295-8163

Swim Team (The Wavemakers) Sign-up

2017



Swimmer's Name _____

AGE _____

Mailing Address (please include town and zip code) _____

Telephone _____

Gender: M/F Ethnicity: White ___; Black or African American ___; Hispanic or Latino ___; American Indian or Alaskan Native ___; Asian ___; Native Hawaiian or other Pacific Islander ___; Two or More Races ___

~ **The goal** of the Schoharie Recreation Commission Swim Team: "The Wavemakers" is to introduce a swimmer to the techniques of competitive swimming strokes, develop strength, improve speed, and learn about and demonstrate positive sportsmanship. Note: This program is used to enhance the swimmers skills, **not to teach how to swim**. Swimmers are encouraged to take at least one session of swimming lessons.

~ **Practice Schedule:** The team meets from 5:00-6:00 pm Monday-Friday during the season.

~ Swimmers must be present and participate in at least 3 practices before he/she may participate in his/her first meet. Swimmers must be present and participate in at least 12 practices in order to compete in the county meet.

~ Poor attitudes (arguing, swearing, "bad mouthing," and any other rude behavior) will not be tolerated. Swimmers will receive one verbal warning. At second occurrence the swimmer will not be allowed to participate in the remainder of the swim practice or meet.

~ **A parent, guardian, or other adult must be responsible for each swimmer at all meets.**

~ Swimmers may compete in 3 events per meet unless otherwise stated on the meet announcement. Meet participation shall be determined by the swimmers age on the day of the meet. Swimmers choosing to "swim up" (into a higher age bracket) must do so for the entire meet.

M - F, 5:00 pm - 6:00 pm (registration fee of \$20/swimmer or \$40/family)

First meeting on June 26th. First practice on June 27th

Parents/Guardians/Adults Please Sign Below:

I agree to assume any costs involved in the event of an accident or injury as the Schoharie Recreation Commission does not purchase this type of insurance.

PrintName _____

Signature: _____

Date _____

Please make checks payable to the *Schoharie Recreation Commission* (\$20.00 perswimmer or \$40.00 per family)

Mail or bring with the registration form to:
Schoharie Village Office
P.O. Box 219, 300 Main St.
Schoharie, NY 12157

Please use one application per person

Splash Aerobics Sign-up

2017



Swimmer's Name _____

AGE _____

Mailing Address (please include town and zip code) _____

Telephone _____

Gender: M/F Ethnicity: White ___; Black or African American ___; Hispanic or Latino ___; American Indian or Alaskan Native ___; Asian ___; Native Hawaiian or other Pacific Islander ___; Two or More Races ___

Please circle the municipality in which you live:

Splash Aerobics offered:

M, T, & TH, 6:30 pm – 7:00 pm

\$20 per 2 week block or \$5 per class

Village of Schoharie

Town of Schoharie

Town of Esperance

Town of Wright

Other: _____



**American
Red Cross**

Parents/Guardians/Adults Please Sign Below:

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PrintName _____ Signature: _____ Date _____

Please make checks payable to the **Schoharie Recreation Commission**
(\$20.00 per two week block or \$5.00 per class)

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Schoharie Village Office
P.O. Box 219, 300 Main St.
Schoharie, NY 12157

***Please use one
application per person***



Let's Party!

**Rent the Schoharie Pool for
parties & family gatherings!**



**Lifeguard provided - \$50 for a two hour block
5 - 7 p.m. on Saturdays & Sundays!**

**Call the Schoharie Village Office at 295-8500
or the Pool at 295-8163 to schedule!**