

THIBODAUX RECREATION 2024 SWIMMING LESSONS



OFFERED TO:	Boys & girls ages 3 & up (Adult classes available 2nd session at 5:00pm)
REGISTRATION:	Registration begins March 4 th – until classes are filled. 1.) Register at Peltier Park Recreation Building Mon – Fri 8:00am-Noon & 1:00pm-4:00pm (Cash, Checks payable to City of Thibodaux, Visa or Master Card accepted) 2.) Register online with credit card at www.ci.thibodaux.la.us 3.) Print out registration form online and mail form with check payable to City of Thibodaux- PO Box 5418, Thibodaux LA 70302
DATE/TIME:	1 st Session: June 3 – June 21 Monday - Friday Available class times: 8:30am / 9:30am / 10:30am / 6:00pm 2 nd Session: July 1 – July 19 (NO CLASS JULY 4) Monday - Friday Available class times: 8:30am / 9:30am / 10:30am / 5:00pm / 6:00pm
LOCATION:	Thibodaux Municipal Pool (Located on 737 Goode Street)
FEE:	\$50 a session or \$90 for both sessions

Lessons taught by American Red Cross Certified Lifeguards.



(Family Membership will be available this summer, please check back in May. Pool opens to the public June 3 – July 28)

**For more information regarding the Municipal Pool, please contact the Parks & Recreation Department at 985-446-7235.

SWIMMING LESSONS

ONE SESSION: \$50.00

BOTH SESSIONS: \$90.00

Please Check the Choice for Session(s) Below.

SESSION ONE:	SESSION TWO:
<input type="checkbox"/> June 3, 2024 thru June 21, 2024	<input type="checkbox"/> July 1, 2024 thru July 19, 2024
CIRCLE ONE: 8:30AM _____ 9:30AM 6:00PM 10:30AM	CIRCLE ONE: 8:30AM 5:00PM (adult class available) 9:30AM 6:00PM 10:30AM

SWIMMER INFORMATION:			
<input type="checkbox"/> FIRST TIME PARTICIPANT (check box if "YES".)		<input type="checkbox"/> ADDRESS CHANGE (check box if "YES".)	
CHILD'S NAME	GENDER (circle one): MALE FEMALE		AGE: _____
DATE OF BIRTH: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	
LIST ANY MEDICAL PROBLEMS OF THE SWIMMER: _____			
DOCTOR TO NOTIFY FOR EMERGENCY: _____		PHONE: _____	_____
PERSON TO NOTIFY FOR EMERGENCY: _____		PHONE: _____	_____

PARENT / GUARDIAN INFORMATION	
PARENT 1:	I agree to receive text messages from the City of Thibodaux.
NAME:	_____
CELL:	() <small>list service provider to receive text</small>
HOME: <input type="checkbox"/>	()
WORK: <input type="checkbox"/>	()
E-MAIL:	_____
PARENT 2:	I agree to receive text messages from the City of Thibodaux.
NAME:	_____
CELL:	()
HOME: <input type="checkbox"/>	()
WORK: <input type="checkbox"/>	()
E-MAIL:	_____

CODE OF CONDUCT
Code of conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux.
<ol style="list-style-type: none"> 1. No alcoholic beverages or illegal drugs are permitted on the premises (buildings, parking lots, inside and outside of pool areas). 2. All participants -- swimmers, instructors, lifeguards -- should behave in a polite manner. Abusive language and cursing is prohibited. 3. No one shall hit another person before, during, or after activity. 4. No one shall deliberately damage Recreation Department equipment/property. 5. Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.

PARENTAL AUTHORIZATION	
<p><i>I, parent or guardian of the above-named candidate for a position in above-mentioned Swimming Lesson program, hereby give approval to his/her participation in any and all swimming activities during the current session. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local municipal organization, governing board, the organizers, managers, teachers, lifeguards and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local program.</i></p> <p><i>I also grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital, or medial clinic should the individual become ill or injured while participating in swimming activities when neither parent/guardian is available to grant authorization for emergency treatment.</i></p>	
_____ Signature of Parent or Guardian	_____ Relationship
_____ Print or Type Name of Parent or Guardian	____/____/____ Date

PAYMENT DETAILS:	
PLEASE MAKE CHECK PAYABLE TO: CITY OF THIBODAUX MAIL PAYMENT TO: Recreation Department P.O. Box 5418 Thibodaux, Louisiana 70302	Registrations for classes will close when classes are filled. We will NOT exceed the amount of swimmers allowed in the pool - NO EXCEPTIONS

TREC OFFICE USE ONLY: (Please do not write below this line).			
AMOUNT PAID: \$ _____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	CREDIT CARD <input type="checkbox"/>
	<input type="checkbox"/>	No. _____	Type: _____
Receipt No.: ▶ _____			Mail Rec'd Date: ▶ _____