

AFTER SCHOOL/CAMP AQUATIC ENRICHMENT PROGRAM

Swim Club

For Ages 9-14

Have your child join a club that will help improve their swimming abilities. During the course of enrollment your child will work on all strokes (Butterfly, Back Stroke, Breast, and Free Style) as well as endurance and stamina via water games and specific drills. Your child will also enjoy the benefits of being part of a team and improving their sportsmanship skills.



H2O Polo

This class will be an introduction to the game of water polo. Students will learn basic rules, and skills like egg beater kicking and ball handling. The class will also focus on the spirit of teamwork. Boy and Girls will meet separately during the week and will come together on the weekend. During the week, students will practice their water polo skills and drills, and on the weekend the class will participate in a scrimmage, along with other drills. At the end of the 2-month course, students will know the basic skills and rules of the game.



KADIMA
DAY SCHOOL
EVENHAIM FAMILY CAMPUS

In
Association
with



Questions? Call: 818-363-0221

Enrichment Programs Dates and Times

H2O Polo: (45 min. each class)

May and September- Tuesday @ 6:30 pm and Sunday @ 1:15 pm

June- Thursday @ 6:30 and Sunday @ 1:30

July and August- Wednesday @ 6:30 and Sundays @ 1:30 pm



Swim Club (45 min sessions):

May and September- Thursday @ 6:30 pm and Sundays @ 12:30 pm

June- Tuesdays @ 6:30 pm and Sundays @ 2:15 for

July and August- Monday @ 6:30 pm and Sundays 2:15 pm



2010 Enrichment Programs Registration Form

1

Check the program you prefer.

H2O Polo
Swim Club

2

Check your preferred month.

May
June
July
August
Sept.

3

Add up your total fees.

Polo: \$225 _____
(2 classes/wk)
SC: _____ (# of months) x \$100= _____
(1 class/wk)
SC: _____ (# of months) x \$180= _____
(2 classes/wk)

4

Tuition Total \$ _____

*Student Full Name: _____

*Home Phone: () _____ *Birth Date: ___/___/_____

*Home Address: _____

*City: _____ *State: _____ *Zip: _____

E-Mail (for schedule changes and billing reminders): _____

*Parent/Legal Guardian Name: _____ *Relationship: _____

Cell/Pager: () _____ Home Phone: () _____ Work Phone: () _____

Fax: () _____

*Does the student have any physical or emotional limitation that we should know about? YES NO

(If yes, please include a short note with this registration form.)

Location: **West Hills 7011 Shoup Ave., West Hills, CA 91307**

Private Lessons Home Address: _____

Pool Address (if different than home): _____

City: _____ State: _____ Zip: _____

Who may we thank for referring you to us? _____

How Did you Find Us? MAGAZINE ONLINE PHONE BOOK

*Amount Enclosed: \$ _____

Please make all checks payable to **AQUATIC SAFETY INSTRUCTION, LLC**

*For credit card processing, contact our office directly. Do not write card information on this form.

Mail completed signed registration to **AQUATIC SAFETY INSTRUCTION LLC 10241 HADLEY, NORTHRIDGE, CA 91324**

or fax the registration to (818) 366-1558

*Required field

We reserve the right to cancel, alter and amend all published schedules.