

Ardsley Middle School Swimming Lessons



We are pleased to announce that registration for the Tuesday After School Swimming Lesson Program has started for Session 1 and 2.

See our website for more information at:
www.ardsleyschools.org
Under "Families/Community"
Rec-Pool Program at the bottom of the page

Don't Miss out – Sign up now – Class space is limited
Lessons start 2/25/25.

Both the February and April applications are available.

There are also still time slots available for the Spring Saturday Lessons that begin February 8th.

For more information contact:
Mat Tuffarelli at MTuffarelli@ardsleyschools.org

ARDSLEY MIDDLE SCHOOL POOL AFTER SCHOOL SWIM PROGRAM

SESSION 1 (2025)

TUESDAY CLASSES- FEBRUARY 25th TO APRIL 22nd (no class April 15th)

SESSION 2 (2025)

TUESDAY CLASSES-APRIL 29TH TO JUNE 17TH

BEGINNER (AGES 4 & UP) – TUESDAY (This class is limited to 16 Students)

This class involves review and refinement of basic stroke and breathing skills. The focus is on coordinating survival skills.

TUESDAY 3:45 PM to 4:30 PM FEE: Ardsley School District Resident \$227.00 – Additional Sibling \$214.00
Non School District Resident \$364.00 – Additional Sibling \$356.00

INTERMEDIATE (AGES 4 & UP) – TUESDAY (This class is limited to 20 Students)

Students work on advanced skills such as front and back crawl, deep water treading, survival float and diving. Student should be able to swim a full lap or 25 yards freestyle and backstroke

TUESDAY 4:30 PM to 5:15 PM FEE: Ardsley School District Resident \$227.00 – Additional Sibling \$214.00
Non School District Resident \$364.00 – Additional Sibling \$356.00

Make checks payable to Ardsley UFSD and mail to Pool Recreation Dept., Ardsley UFSD, 500 Farm Rd., Ardsley, NY 10502

NOTE: A non-refundable \$35.00 registration fee is included in all instructional rates. Students will not be permitted to participate in the program until payment has been received. No refunds will be issued after the first class. Return form no later than February 23, 2024. You can register now for Session I and/or Session II. SIGN AND RETURN WAIVER ON PAGE 2.

PARENT/GUARDIAN NAME _____

CHILD'S NAME _____ DATE OF BIRTH _____ PHONE # _____

ADDRESS _____ E-MAIL _____ (print clearly)

CIRCLE ONE →

BEGINNER AGES 4 & UP TUESDAY

INTERMEDIATE AGES 4 & UP TUESDAY

AMOUNT ENCLOSED \$ _____ SESSION # _____ CHECK NO. _____

WAIVER

I have read and understand the pool regulations listed on the **After School Swim Program Registration form**. I and the children of my family agree to follow them. I (we) also agree to follow the rules posed at the pool and any special instructions given to me (us) by the lifeguards. I (we) hereby agree to assume all risks and hazards incidental to such participation. I and the members of my family also hereby waive, release, absolve, indemnify and agree to hold harmless the Ardsley Union Free School District, any sponsors, supervisors, participants, and employees, from and against any and all claims and/or causes of action arising out of any injury from such participation.

Signed _____ Date _____

Print Name _____