ARDSLEY SCHOOLS
SATURDAY CHILDREN'S INSTRUCTIONAL SWIM PROGRAM
2026-2027

MAKE CHECK PAYABLE TO: **ARDSLEY UFSD**

MAIL TO: **RECREATION DEPT.**
500 FARM ROAD
ARDSLEY, NY 10502

Name_____ D.O.B._____Phone _____

Address_____City/State/Zip_____

E-MAIL ADDRESS_____
(PLEASE PRINT CLEARLY)

FALL	September 26	October 3, 10, 17, 24, 31,	November 7, 14	
WINTER	November 21	December 5, 12, 19	January 2, 9, 16, 23	
SPRING	January 30	February 6, 13, 20,	March 6, 13, 20	April 3

This is a one-half hour session, between 9:00 am and 12:10 pm. **YOU WILL ONLY RECEIVE A TELEPHONE CALL IF YOUR REQUESTED SESSION TIME CANNOT BE MET. No makeup sessions will be given.** You will only receive the multi session discount by signing up for them all at once. You may sign up for one, two or all three sessions with this one form. Children who participated in and completed a program last year may be grouped and placed according to previous evaluations and/or a brief skill test. Please arrive 5 minutes prior to your group start time in order for lessons to begin on time. Children must be between the ages of 4-15 to participate. Locker rooms are available at this time. Conditions may change depending upon guidance regulations**. NO REFUNDS DUE TO CONFLICTS WITH OTHER ACTIVITIES. REFUNDS ARE ONLY GRANTED WITH DOCTORS NOTES.**

Please mark the group and session for which you wish to enroll. Group times and availability will be dependent upon participation. **If you do not know what level your child is they will be assessed the first day.**

	GROUP	**DESCRIPTION**	**SESSION**	
____	Level I	Water Exploration	FALL	_____
____	Level II	Primary Skills		
____	Level III	Stroke Readiness	WINTER	_____
____	Level IV	Stroke Development		
____	Level V	Stroke Refinement	SPRING	_____
____	Level VI	Skill Proficiency		
____	Level VII	Advanced Skills – (Comp)		

TIMES

_____	9:00 – 9:30	_____ 10:30 – 11:00	
_____	9:30 – 10:00	_____ 11:00 – 11:45	Competitive Swim
_____	10:00 – 10:30	_____ 11:45 – 12:15	

Please complete and sign (one form for each child) and return the completed form with your check to Ardsley UFSD, Recreation Dept., 500 Farm Road, Ardsley NY 10502.

Instructional Levels I through VII
Fall, Winter and Spring Sessions (8 lessons 30 minutes each)

	One Session	**Two Sessions**	**Three Sessions**
Ardsley School District Resident	$218	$393	$551
Each Additional Sibling	$209	$377	$504
Non-District Rate	$350	$649	$940
Each Additional Sibling	$341	$598	$855

The program is on a first-come basis and is limited to 120 total paid subscribers for each session. Each time slot has a maximum of 24 students. Applications received prior to the start date will have priority for the time slot requested. NO applications will be accepted on opening day at the pool.

A $35 non-refundable fee is included in all rates. Refunds will be granted only because of a physical illness and accompanied by a doctor's note.

Note: Students will not be permitted to participate in any program until payment in full has been received by the school district. **To obtain the latest information about pool closings and/or cancellations, before coming to swim, please call 295-5686 or logon to our website at www.ardsleyschools.org.**

Upon arriving at the Middle School proceed to the pool area from the Gym entrance at your scheduled time. After checking in and dropping off your child you may wait on the bleachers or exit by the outside doors. When the lesson is over you may reenter to pick them up via the same entrance you arrived at. **PARENTS OR GUARDIANS MUST STAY SEATED DURING LESSONS.**

WAIVER: (This must be signed in order to use the pool)
I have read and understand the pool regulations listed on this 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**_____

NON-DISCRIMINATION CLAUSE

The Ardsley Union Free School District does not discriminate on the basis of age, color, religion, creed, marital status, veteran status, national origin, race or gender in its educational programs, activities, and/or hiring. In addition, the District does not discriminate on the basis of disability and hereby acknowledges its obligation not to discriminate on the basis of disability and hereby acknowledges its obligation not to discriminate and encourages person with disabilities to contact it in regard to reasonable accommodations. Inquiries concerning this policy of equal opportunity should be referred to the District Office, Director of Financial & Personnel Services, Ardsley Union Free School District, 500 Farm Road, Ardsley, NY 10502.