



Viewpoint Swim Lessons and Stroke Clinic

Students Entering Kindergarten to Fourth Grades

As the Middle and High School Swim Team Coaches at Viewpoint School, we are pleased to offer you swim lessons on the Viewpoint campus. All lessons and stroke clinics will be taught by instructors who are certified in water safety instruction. In addition, there will always be at least 1 certified lifeguard on deck at all times. Beginner and Intermediate lessons consist of up to 5 swimmers per instructor and Stroke Clinics are private, one-on-one stroke lessons. Lessons for children entering Kindergarten will consist of 20 minute, one-on-one lessons.

Registration is first come, first serve, so sign up early to guarantee your spot!

Eliot Saki and Greg Bisheff
Co-Head Swim Coaches

esaki@viewpoint.org (818)591-6474

gbisheff@viewpoint.org (818)591-6472

Where: All sessions are held on the Viewpoint Campus.

When: June 21 – July 30

You may sign up for as many dates as you would like. Please use one sheet per child. Please indicate which dates/times you would like to sign your child up for:

Week 1 (6/21 - 6/25) M T W Th F Week 4 (7/12 - 7/15) M T W Th

(Kindergarten lessons not available Week 1)

Week 2 (6/28 – 7/2) M T W Th F Week 5 (7/19 - 7/23) M T W Th F

Week 3 (7/6 – 7/9) T W Th F Week 6 (7/26 - 7/30) M T W Th F

Please circle which lessons you would like to attend:

Kindergarten lessons are one-on-one lessons. Not available Week 1

Kindergarten Lessons: 3:00 – 3:20 p.m. 3:20 – 3:40 p.m. 3:40 – 4:00 p.m.

Beginner and Intermediate lessons are group lessons, 2 – 5 swimmers per instructor

Beginner Lessons: 3:00 – 3:30 p.m. 3:30 – 4:00 p.m.

Intermediate Lessons: 3:00 – 3:30 p.m. 3:30 – 4:00 p.m.

Stroke Clinics are one-on-one lessons

Stroke Clinic: 8:30 – 9:00 a.m. 3:00 – 3:30 p.m. 3:30 – 4:00 p.m.

Cost: The fee for each group swim lesson and private kindergarten lesson is \$30/lesson

The fee for each private stroke clinic is \$55/lesson

Total: _____

Please make checks payable to Viewpoint School and submit to:

Viewpoint School
Business Office
23620 Mulholland Hwy
Calabasas, CA 91302

2010 Viewpoint Swim Lesson and Swim Clinic Application

Please complete this application and mail your check payable to Viewpoint School, 23620 Mulholland Highway, Calabasas, CA 91302.

Please indicate "Swim Lessons" on the envelope.

PLEASE PRINT

Child's Name: _____ **Gender:** M F

Address: _____ **Age:** _____

City/State/Zip: _____

Home Phone: () _____ **Business:** () _____

Current School: _____ **Grade in Fall '10:** _____

Has child had previous lessons? _____

***If so, when was the most recent?** _____

Fees:

Number of Lessons _____ x \$30 = _____

Number of Stroke Clinic _____ x \$55 = _____

Total Amount Due _____

PLEASE NOTE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF:

LIABILITY RELEASE: I give my consent for the camper to attend and participate in all activities of the Viewpoint Swim Lessons and Swim Clinic, which is hereby released from any and all liabilities for illnesses or injuries incurred by the above named individual during the course of the camp session. Enrollment in the camp is contingent upon the belief that the camper is not known to have nay physical or mental impairment which would adversely affect his/her ability to participate in camp activities. I will notify the Camp immediately should the camper contract any condition or sustain an injury, which would impair his/her ability to perform.

Signature of Parent or Legal Guardian

Print or Type Name of Signer

Relationship



Please circle T-Shirt size:
Youth-L Adult-S M L XL

Sports Camps 2010

Application and Medical Information Form

23620 Mulholland Highway, Calabasas, CA 91302, 818-340-2901

Student's Last Name _____ First Name _____ Preferred Name _____

Address _____

Telephone () _____ Date of Birth _____ Gender _____

Entering Grade Level in 2010-2011 _____ School of Attendance Next Fall _____

Parent 1	Parent 2
Name: Mr./Mrs./Ms./Dr. _____	Name: Mr./Mrs./Ms./Dr. _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone: Home () _____	Phone: Home () _____
Work () _____	Work () _____
Cell () _____	Cell () _____
Primary E-mail* _____	Primary E-mail* _____

Name and Address of Financially Responsible Party _____

***You will receive a confirmation e-mail once we have received your application and non-refundable deposit. A parent packet will be mailed to you prior to the start of camp. We will send weekly e-mails to your primary e-mail address containing camp updates and schedules.**

Medical Information

Allergies _____ Requires Epi-pen? _____

Date of last Tetanus Booster _____ Child wears glasses _____ Contacts _____

Asthma _____ Orthodontics _____

List any medication he/she takes regularly _____

Any medication to be administered by the School must be in the original container and marked clearly with the child's name and dosing instructions.

Restrictions on Physical Activity _____

Emergency Contacts (other than parents):

Name _____ Telephone () _____

Name _____ Telephone () _____

Family Physician _____ Telephone () _____

Individuals authorized to transport my child at any time _____

PRIVACY POLICY: The School collects and maintains information on students and their families for various necessary purposes including admission, enrollment, transcript maintenance, billing, fundraising, emergency preparedness, athletics, summer camp and for other uses. The School will never sell personal information and will not release confidential information without your permission unless required to do so by law. The School highlights student participation and achievement in academic, athletic, artistic, community service, and other areas. As part of this Agreement, the undersigned permits the School to use, in whole or in part, photographs, videos, written extractions, and voice/performance recordings of the above named student for educational, promotional, and/or athletic purposes in Viewpoint publications, press releases, videos, and Web site without identifying the student by name. Highlighting student participation and achievement is often best accomplished when a student is named. Unless Parent(s) specifically requests otherwise by checking the box below, this Agreement permits the School to selectively identify the above named student (first name only in Grades K-5, full name in Grade 6) and/or the student's city of residence when highlighting participation and achievement in Viewpoint publications, press releases, videos and Web site.

I (we) DECLINE permission for the School to identify my child by name or city of residence for educational and/or promotional purposes

I give permission for my child to participate in this program, and I hereby authorize and consent to any medical diagnosis or procedure rendered under the provisions of the Medical and Dental Practice Acts and by the staff of any licensed medical facility or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I understand that effort shall be made to contact me prior to rendering treatment to my child, but that treatment will not be withheld if I cannot be reached.

I give Viewpoint School permission to administer as needed, to the child named above, any one of the following initialed medications: _____ Tylenol _____ Ibuprofen (Advil/Motrin) _____ Benadryl

Date _____ Parent's Signature _____