

Swim Lessons Overview & Information – Summer 2024

*FYI – (Town fireworks will be 7/6

Our swim program is designed with 30 minute classes on Mondays through Thursdays for up to five weeks, beginning on 7/1. Lessons are for children 4-13 years old, must be 4yrs by 7/1/24. A child may be placed in a lesson time not originally assigned to their age. This may be due to their ability or due to the number of registrants in a class. Please know any changes are made to maximize the swim instruction for your child!

While we use age and information provided by parents/guardians at the start of our program, ability, experience, progress, and/ or class size may require participants to be moved to a more appropriate class. We will evaluate your child during their first lesson and may recommend/require any appropriate changes to their class placement.

We encourage you to talk about swimming lessons with your child. They will be asked to do things that may be beyond their comfort level. Please let them know that swim lessons are challenging but that our instructors will meet them where they are for each lesson and continue developing all students into safe, strong swimmers. Progress in swimming, like any activity, happens differently for different people. Some skills will come readily, and some will take time. Please encourage your children to practice what they are learning. Proper breathing techniques and the ability to submerge with open eyes are foundational to developing safe and strong swimming habits. We want kids to have fun and be safe in the water; therefore, **we will NOT allow goggles or swim masks for our swim program this year.** (If you wish to discuss this further, please contact Ole Anderson. We feel that it is important for kids to feel capable in the water, and while on their own time may enjoy/insist on a mask. Our program goal is to ensure that, should a child ever fall into water, they will be prepared and capable to handle themselves without a mask.

Laura Thorndike will be running our first two weeks of our swim program this summer and teaching the lessons. Laura has twenty years of swimming instruction experience and is excited to bring this experience to our community. In week 3 Laura will take a backseat as our returning beach staff members will lead each lesson. In weeks 4 &5 we will have Laura and returning beach staff alternate leading each group.

Registration: Deadline Friday, 6/21. We must have completed registration forms, including Medical release form by Fri 6/21. You may mail forms, drop them in the drop box at the back door of Town Hall, or hand them in through SCS. **Do Not Return any forms to SCS after 6/11,** we will not collect them, and your child will not be registered. We will confirm registration on 6/28.

We understand that summer schedules are busy, but we ask that families who register make sure they can attend all the classes in the weeks for which they register. We also ask that families do their best to register for consecutive weeks. We understand this may not be possible, but we wanted to share this with you. If children are registering for non-consecutive weeks, their class times are more subject to change.

Capacity: We expect many registrants this season, and will do our best to accommodate registrants, but priority will be given to children and grandchildren of Sandwich residents and taxpayers. Registration spots will be awarded on a first-come first-served basis. Non-residents will be placed on waitlist until 6/21. Please only register for the weeks your child can attend all classes.

**Cost: Resident rate \$35/week or \$120/ all 5 weeks, Resident sibling rate \$20/week
Non-Resident \$40/week**

Cancellations: We will try not cancel lessons unless there is lightning, or high winds which present a safety issue. Every effort will be made to hold lessons, and notification of cancellations will be made via email/text message as early as possible the day of lessons. No refunds for cancellations or absences. No Refunds after 7/3. *If you wish to be notified via text/email please make sure you include best contact info on the attached*

sheet.

If you have any questions, please contact Sandwich Parks and Recreation Director Ole Anderson.

Ole Anderson -Sandwich Parks and Recreation Director

603-387-2180

Po Box 194 Center Sandwich, NH 03227

parksandrec@sandwichnh.org

GENERAL OVERVIEW OF SWIMMING LEVELS:

- **Level 1:** ages 4-6 —30 minute lesson—
 - Water comfort and safety, prone glide and kick with eyes open, independent back float, independent flutter kick on back, beginning kick and arm coordination for overhand, beginning breathing technique for overhand

- **Level 2:** ages 5-8 —30 minute lesson—
 - Further overhand stroke development, including arm/kick/breathing coordination and technique, beginning work on elementary backstroke, introduction to diving
 - Extended swims out to the raft (with instructor) to work on diving and to build confidence with unassisted swimming for longer periods of time in deep water

- **Level 3:** ages 7-12 —40 minute lesson—Further stroke development of overhand and elementary backstroke, introduction to sidestroke, further work on diving and introduction to treading water and surface diving
 - Extended swims out to the raft (with instructor) to work on diving and to practice strokes for independent swims over greater distance/time
 - Completion of timed overhand swim - 15 minutes without stopping - using proper breathing technique

- **Level 4:** ages 8+ —40 minute lesson—
 - Development of stroke proficiency in overhand, elementary backstroke and side stroke, begin work with breast stroke and back stroke, continue work with diving and surface dives
 - Completion of timed overhand swim - 30 minutes without stopping - using proper breathing technique

TENTATIVE SCHEDULE: Schedule Subject (and likely) to change

9:00 - 9:40 Level 4

9:45 - 10:25 Level 3

10:30-11:00 Level 1

11:00-11:30 Level 2

11:30-12:00 Level TBA

12:00-12:30 Level TBA

2024 Sandwich Youth Swimming Program

Check all that apply:

Session 1 (7/1 - 7/4)

Session 2 (7/8- 7/11)

Session 3 (7/15- 7/18)

Session 4 (7/22- 7/25)

Session 5 (7/29- 8/1)

\$120 for all sessions (\$20 2nd child rate)

\$35/ week resident, \$20/week sibling, \$40/week non-resident

****Please Make checks payable to Town of Sandwich**

Registration priority will be given to families of Sandwich residents and taxpayers.

All Sessions:

Payment should never be an obstacle to participate in activities, The Sandwich Fund for Children and Youth scholarship is on the back of this packet, and inquire about the Parks and Recreation Scholarship program if you would like financial assistance.

Child's Name: _____

The following information will help us place your child in an appropriate group. Please check all that apply:

My child willingly opens his/her eyes in the water *without* goggles

My child jumps into deep water without use of a floatation device

My child knows the basics of the overhand/front crawl stroke and can swim for a short distance with his/her face in the water and using basic breathing technique

My Child can and will swim in open water (lake, river, pond, ocean) over their head

Anything else you would like to share about your child's water experiences:

*Please note that group placement is based more on your child's swimming ability and water comfort than their age - the following ages are given as approximate ranges - students will be placed in a group based on age and then evaluated during their first lesson and may be moved to a different group as needed

*Also worth noting, participation is not a determinant of successful completion of each level - students will be evaluated by the instructor to determine if they are ready for progression to the next swimming level - the overall goal is to develop strong, safe, confident swimmers!

Sandwich Swim Program

Registering for Weeks: All: _____ or 1: _____ 2: _____ 3: _____ 4: _____ 5: _____

Participant's Name _____

Grade (Fall 2024) _____ **Age** _____ **Date of Birth** _____ **Male/Female** _____

Address _____

Best Phone _____ **Alt. Phone** _____

Parent's Name(s) _____ **Email** _____

Preferred Contact Method in Case of Cancellation: _____ **text,** _____ **email,** _____ **call**

Emergency Contact: Name _____ **Phone** _____

Relationship _____

Please list any medical conditions and/or allergies the participant has that we should be aware of:

***** PLEASE NOTE: We a completed form for each participating child. Thank you!**

All participants are expected to behave the same as the school day, should arrive prepared to participate, and plan to be picked up from all activities in a timely manner. Please alert your P&R staff of any special circumstances and calendar conflicts as soon as possible.

By signing below, I give permission for my child to participate in the Sandwich Youth Swimming Summer Program offered by Sandwich Parks and Recreation Department. I understand that playing outdoors can take place in a variety of conditions that include but are not limited to; exposure to extreme hot and/or cold, rain and wind. I understand that swimming is physical activity with inherent risks that may result in death, hypothermia, heat stroke and injuries including but not limited to; drowning, paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I accept all risks inherent to said activity and do hereby release the Sandwich Parks and Recreation Department and their staff and volunteers assisting with this program from any liability arising out of any injury which may occur to my child during the normal course of the above-mentioned program.

This Program is not affiliated with Sandwich Central School or Sandwich Children's Center

Parent/Guardian Signature: _____ **Date** _____

**SANDWICH RECREATION DEPARTMENT
MEDICAL RELEASE REGISTRATION FORM**

Child's Name: _____ D.O.B. _____ AGE _____ SEX _____

Mailing Address: _____ City & Zip _____

Physical Address: _____ City & Zip _____

Primary Phone Number: _____ Secondary Phone Number: _____

Parent's Names _____ Email: _____

Pediatrician Name: _____ Pediatrician office / hospital location: _____

In case of emergency and no parent or guardian can be reached, please notify:

Name: _____ Phone Number: _____ Relation _____

People who my child may be released to: _____

Does your child have allergies to any medications: (if so please list) _____

ASTHMA: YES / NO ALLERGIES TO MEDICINES, FOODS, BEES, PLANTS, ANIMALS, ETC.

FAINTING: YES / NO _____

EPILEPSY: YES / NO _____

DIABETES: YES / NO _____

HEART TROUBLE: YES / NO

CURRENT MEDICATIONS/BEE STING KIT: _____

Behavior Disorders/Phobias/Other: _____

My child has difficulty with (circle all that apply and explain):

EYES: YES / NO THROAT: YES / NO (Explain) _____

EARS: YES / NO LUNGS: YES / NO

NOSE: YES / NO OTHER: _____

This health history is correct to the best of my knowledge, and I will keep the recreation Department notified of any changes to the above information. The person named above has permission to take part in all prescribed activities. In case of an accident I give permission for the recreation staff or coach to administer first aid. In the event that none of the above named relations can be reached, and only in the event of an emergency, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or order injections or surgery for the safety of my child.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

