

2025 Instructional Swim Program – Belmont Hills

122 Mary Watersford Road in Bala Cynwyd – 610-668-2411

Registration is required. **Registration processed at Belmont Hills Pool ONLY.**

You must be a resident of the Township of Lower Merion or a current Pool Member to register for lessons.

Days/Sessions:	Monday – Friday	
Session 1	June 16 – 27*	Registration begins Noon on June 7 (Weekends Only)
Session 2	June 30 – July 11*	Registration begins 8:00am on June 23
Session 3	July 14 – 25	Registration begins 8:00am on July 7
Session 4	July 28 – August 8	Registration begins 8:00am on July 21

Schedule: (Subject to change based on Registration)

***Lesson times will start 15 minutes earlier on Friday, July 4 and Thursday, June 19.**

8:30 – 9:00am Beginner 1, Beginner 1, Beginner 2, Beginner 2, Advanced Beginner

9:15 – 9:45am Beginner 1, Beginner 1, Beginner 2, Beginner 2, Advanced Beginner, Intermediate

10:00 – 10:30am Aqua Tot, Beginner 1, Beginner 1, Beginner 2, Beginner 2

10:45 – 11:15am Aqua Tot, Beginner 1, Beginner 1, Beginner 2, Beginner 2

Fee/Session: \$80/Residents \$90/Non-Residents

Make checks payable to: **Treasurer, Township of Lower Merion**

Class Description: All classes are conducted in accordance with American Red Cross standards.

Aqua Tot - Infant to approximately age 4. Will need an adult in the water. Five tots with adults per class.

Beginner 1 - Non-swimmer of any age. Up to six participants per class.

Beginner 2 - Swimmers who want to improve their stroke. Up to six participants per class.

Advanced Beginner - Swimmers that can swim one length of the pool. Up to six participants per class.

Intermediate - A good swimmer working on stroke and endurance. Up to six participants per class.

Belmont Hills – 2025 Instructional Swim Program Registration Form

Participant's Name: _____ Age/DOB: ____ / _____

Session: _____ Time: _____ Fee: _____

Telephone: _____ E-mail: _____

Address: _____ City: _____ State: ____ Zip: _____

Emergency Contact & Phone Number: _____

Medical Conditions/Allergies/Medications: _____

Physician's Name & Phone Number: _____

I, the undersigned, hereby release the Township of Lower Merion, its officers, agents, employees, sponsors, organizers, and all leaders assigned by them from all liability for any damage and injury to any person or thing in connection with the above activity. Furthermore, I hereby agree to refrain from bringing suit against any of the above named on my own behalf or on behalf of my son or daughter (named above) as a result of any damages or injuries to any person or thing that occurred in connection with the above activity. I also hereby agree to permit the video recording and or photographing of this activity for the purposes of program advertisement by the Township of Lower Merion.

Adult Participant's or Parent's Signature

Date

Day Time Telephone