

AbilityFirst Lawrence L. Frank Center Pool Schedule and Fees

Sun	Mon	Tues	Wed	Thur	Fri	Sat
10:00-11:00 Private Lessons	9:30-11:30 Private Lessons	9:30-11:30 Private Lessons	9:30-11:30 Private Lessons	9:30-11:30 Private Lessons	9:30-11:30 Private Lessons	9:30-11:00 Private Lessons
11:00-11:45* Water Exercise	1:00-2:30 Private Lessons	1:00-2:00 Private Lessons	1:00-2:30 Private Lessons	1:00-2:30 Private Lessons	1:00-2:30 Private Lessons	11:30-12:15** Water Exercise
12:15-1:30+ Open Swim						12:15-1:15 Open Swim
1:30-3:00 Private Lessons						2:30-3:30 Private Lessons
		5:30-6:30 Private Lessons		5:30-6:30 Private Lessons		

*water exercise class ends at 11:45

**water exercise class ends at 12:15

+open swim begins at 12:15

Fees

(As schedules/rates may change, we recommend calling the Center prior to your first visit.)

Open Swim: Children 13 and under \$1.00, 13 and over \$2.00

Water Exercise: \$5.00 per class or \$30.00 for a group of 7 classes

Private Swim Lessons: \$135.00 for 6 half hour lessons in a 1:1

To register for our aquatics or learn more information on our center and programs, please call us at 626.449.5661 x1622



Lawrence L. Frank Center
201 Kinneloa Avenue
Pasadena, 91107

AQUATIC PROGRAM RELEASE

Name: _____ DOB: _____

Address: _____ City _____ Zip Code _____

Phone: _____ Cell Phone: _____

Medical Diagnosis: _____

Medications: _____

Aquatic Information

1. Has participant ever been in a large pool? Yes
 No

2. Is participant afraid of the water? Yes
 No

3. Will participant put his/her face in the water? Yes
 No

4. Has participant ever experienced seizures or other difficulties during swimming? Yes
 No

If yes, please describe

5. Has participant been given organized swim lessons? Yes
 No

(If yes, complete a-c below.)

a. Where were the lessons given? _____

b. What was the highest level achieved? _____

c. List any specific problems your child had during lessons _____

6. Does participant require any special equipment, (e.g., ear plugs, shoes, etc.?) Yes
 No
(If yes, please list items.) _____

7. Does participant require assistance with dressing? Yes
 No (If yes, please explain.) _____

I give consent for my child to participate in the swim program at *AbilityFirst*.

Parent's/Guardian's Signature

Date