

Wharton Municipal Pool
2009
979-532-1226

Pool Opening Date: Tuesday, June 9, 2009

Pool Hours:

Monday	<i>Pool Closed</i>	
Tuesday	7:30 - 11:30 a.m.	- Swim Team Workouts
	12:00 - 1:00 p.m.	- Creative Care
	1:00 - 5:00 p.m.	- Public
	5:30 - 6:30 p.m.	- Water Aerobics (High Impact)
	6:45 - 7:45 p.m.	- Water Aerobics (Low Impact)
Wednesday	7:30 - 12:00 p.m.	- Swim Team Workouts
	1:00 - 5:00 p.m.	- Public
	5:30 - 8:00 p.m.	- Family Night
Thursday	7:30 - 11:30 a.m.	- Swim Team Workouts
	12:00 - 1:00 p.m.	- CDC
	1:00 - 5:00 p.m.	- Public
	5:30 - 6:30 p.m.	- Water Aerobics (High Impact)
	6:45 - 7:45 p.m.	- Water Aerobics (Low Impact)
Friday	7:30 - 11:30 a.m.	- Swim Team Workouts
	1:00 - 5:00 p.m.	- Public
	5:30 - 8:00 p.m.	- Family Night
Saturday	1:00 - 5:00 p.m.	- Public
	6:00 - 8:00 p.m.	- Swim Parties
Sunday	1:00 - 5:00 p.m.	- Public
	6:00 - 8:00 p.m.	- Swim Parties

Admission: Anyone who enters the pool area must pay.

Regular Admission: \$2.00 per individual

Family Night Admission: \$2.00 per individual

Individual Season Pass: \$35.00

Family Season Pass: \$55.00

APPLICATION FOR SWIMMING LESSONS
WHARTON MUNICIPAL POOL
Swimming Pool
Telephone: 979-532-1226

Date: _____

Child's name: _____ Age: _____

Name of Parent/Guardian _____

Address _____ City _____ Zip Code _____

Telephone: Daytime _____ Evening _____

SESSION: I. June 16 - June 26, 2009 Tuesday - Friday 11am -11:45am
II. June 30 - July 10, 2009 Tuesday - Friday 11am -11:45am

SWIMMING ABILITY: Beginner Intermediate Advanced

LESSON DESCRIPTION: Semi-Private: Maximum 3 children per instructor.

LESSON FEE: Individual: \$60
Family: \$60 - 1st child, \$50 - 2nd child, \$45 - 3rd child.

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Wharton and its respective representatives for any and all injuries suffered by,

_____ in connection with his/her
(first name) (last name)

participation in the swimming lessons program.

Consent is hereby given for the applicant to attend the above indicated course and permission is given for any emergency medical treatment, operation, or anesthesia which might become necessary as a result of accident or injury during the course of this lesson.

Signed _____ Dated _____
(Parent or Guardian)

Make check payable to City of Wharton.

Amount Paid: \$ _____ Cash _____ Check # _____

WATER AEROBICS 2009

STARTING TUESDAY, JUNE 9th

DAYS: TUESDAYS AND THURSDAYS

TIME: 5:30 P.M. – 6:30 P.M. (High Impact)

6:45 P.M. – 7:45 P.M. (Low Impact)

WHERE: WHARTON CITY POOL

COST: \$40.00 PER PARTICIPANT PER MONTH

ITEMS TO BRING:

- **WATER BOTTLE**
- **SUNSCREEN AND HAT**
- **2 FOAM NOODLES (THESE CAN BE PURCHASED AT WALMART)**
- **WATER SHOES**

PAYMENT IS EXPECTED AT TIME OF REGISTRATION.

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL CITY HALL, 979-532-2491 EXT.
224.**

CONSENT FORM

WHARTON MUNICIPAL POOL
WHARTON AEROBICS (AQUATIC EXERCISE WITH PILATES)
(High Impact and Low Impact)
979-532-1226 (POOL) 979-532-2491 (CITY HALL)

NAME: _____
(Please Print)

I understand that I am responsible for monitoring my own condition throughout the workout and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. If conditions persist, I agree to consult my physician and obtain written permission before returning to the program.

I agree to hold blameless, the City of Wharton and/or the instructor from any and all claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

Signature Date

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____
Street or P.O. # City State Zip

TELEPHONE #: _____ EMERGENCY #: _____

NAME OF PHYSICIAN: _____ TELEPHONE #: _____

LIMITATIONS AND/OR MEDICAL CONDITIONS: _____

WHARTON MUNICIPAL POOL

Season Pass
979-532-1226

Application for Season Pass

Season Pass is good through the 2009 pool season.

Fees: \$35.00 individual season pass.
\$55.00 family season pass - up to four (4) family members.
(\$20.00 for additional family member over 4 members.)

Pass holder's name

1. _____
(First name) (Last name) (Age)

(Address - Street, City, State & Zip code)
Telephone: _____
(Day) (Evening)

Additional Family Members:

2. _____
(First name) (Last name) (Age)
3. _____
(First name) (Last name) (Age)
4. _____
(First name) (Last name) (Age)

Family members in excess of four (4) should complete a separate Application for Season Pass for each additional member.

BRING COMPLETED FORM AND PAYMENT TO THE POOL OFFICE.

Amount Paid \$ _____ Cash _____ Check # _____