

Swimming Lessons

Water Orientation for Preschoolers

Water orientation is for first-time swimmers. Class will focus on the child gaining confidence and becoming comfortable in the water through various games, activities, and equipment. Parent/caregiver participation required.

Minimum 4 children per class. *Swim lessons will be held in light rain or drizzle.*

Ages: 3-5
Dates: Tuesdays, July 7, 14, 21, 28, August 4, 11
Time: Class 1: 8:15-8:45am
Class 2: 5:30-6:00pm
Fee: \$70 Resident/\$80 Nonresident
Location: Edward's Beach



Swimming Instruction at Edward's Beach

The purpose of the swim instruction program is to develop competency in swimming along with confidence and endurance. A child is advanced to the next level only when he/she can proficiently and safely perform the skills within his/her level.

Classes are held Monday through Thursday for 45 minutes each day; Fridays are reserved as rain dates. Students are placed into groups according to skill level and age. Please consult the level descriptions to aid in choosing the right group. Max 10 per class.

Level 2: Introduces fundamental skills such as buoyancy and locomotion without support. Typical ages are 4-6 years old.

Level 3: Students will take skills learned in level 2 and advance those skills to learn the crawl stroke and rotary breathing. They will be introduced to the backstroke. Typical ages are 5-7 years old.

Level 4: Students will become comfortable and refined in their crawl stroke while building confidence. They will swim longer distances, build endurance and be introduced to the breaststroke, sidestroke, diving and diving safety. Typical ages are 7-9 years old.

Level 5: Students will refine crawl strokes, breaststroke and sidestroke. They will continue to increase endurance in a variety of strokes by increasing both time and distance. Typical ages are 9-10 years old.

Level 6: Fitness Swimming. Students will build strength and skills to improve their endurance and technique. Class will incorporate both on and offshore workouts. Typical ages are 10-13 years old.

Select Session and Time

Session 1: July 6, 7, 8, 9, 13, 14, 15, 16
Session 2: July 20, 21, 22, 23, 27, 28, 29, 30
Session 3: August 3, 4, 5, 6, 10, 11, 12, 13
Time: 9:15am, 10:15am, 11:15am, 3:30pm, 4:30pm
Fee: \$100 Resident/\$110 Nonresident

Please use
swim registration
form on
following page.

Swimming for Children with Special Needs

This one-on-one (parent participation may be required) 30-minute aquatic program taught by our swim instructors is ideal for special needs children. Lessons are adapted to each child's specific needs and limitations.

To coordinate lesson times and locations please contact the Waterfront Director, Elizabeth Silva, at esilva@westfordma.gov.

You must register online or at the Recreation Office before attending any program.
To avoid disappointment, register early. Programs are canceled when they don't meet minimum enrollment.

Swim Lesson Registration Form

Participant's Name: _____ DOB: _____ Age: _____ M/F: _____
 Allergies/Medical Concerns: _____ Carries EpiPen®: Y N
 Address: _____ Town: _____ Zip: _____ Home Phone: _____
 Parent/Guardian Name: _____ Relationship to Participant: _____
 Work Phone: _____ Cell Phone: _____ Email: _____
 Parent/Guardian Name: _____ Relationship to Participant: _____
 Work Phone: _____ Cell Phone: _____ Email: _____
 Alternate Emergency Contact: _____ Relationship to participant: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____

SWIM INSTRUCTION

Select Session: Session 1: July 6-16
 (Circle Sessions) Session 2: July 20-30
 Session 3: August 3-13

Select Time: 9:15am 10:15am 11:15am 3:30pm 4:30pm

Select Level: Level 2 Level 3 Level 4 Level 5 Level 6

Fee: \$100 Resident/\$110 Nonresident

Location: Edward's Beach

WATER ORIENTATION

Dates: July 7, 14, 21, 28, August 4, 11

Select Time: 8:15-8:45am 5:30-6:00pm

Fee: \$70 Resident/\$80 Nonresident

Location: Edward's Beach

I ACKNOWLEDGE AND FULLY UNDERSTAND THAT EACH PARTICIPANT MAY BE ENGAGING IN ACTIVITIES THAT INVOLVE RISK OF INJURY. I CONSENT TO PARTICIPATION IN PROGRAMS SPONSORED BY WESTFORD RECREATION. I FURTHER AGREE TO HOLD HARMLESS AND INDEMNIFY WESTFORD RECREATION AND OTHER AUTHORIZED REPRESENTATIVES FROM ANY AND ALL DAMAGES IN CONNECTION WITH WESTFORD RECREATION PROGRAMS. I GIVE PERMISSION FOR THE PARTICIPANT TO RECEIVE EMERGENCY MEDICAL TREATMENT IF NECESSARY.

Parent/Guardian Signature: _____ Date: _____

HOW TO REGISTER

Online: Register at www.westfordrec.com.

Mail: Westford Recreation
 PO Box 2444
 Westford, MA 01886



Walk-In: 35 Town Farm Road
 Monday-Thursday: 8:00am-4:00pm
 Friday: 8:00am-3:45pm
 After hours, use mail slot in the front door.
We do not accept emailed registration forms.

METHOD OF PAYMENT

- Check: Payable to: "Town of Westford" Ck# _____
- Cash
- Credit Card: Master Card or Visa

Card Number: _____

Name on Card: _____

Expiration Date: ____/____ (mm/yy)

Cardholder Signature: _____