



**Pre-registration is required for ALL of our programs.**  
 (Exceptions are: Dive in Movies, Lunch Bunch, and Adult Lap Swim)  
 Payment is due upon registration. We accept cash and checks.  
 The Aquatic Center will be open for Registrations: Monday . . . . . 1 – 7pm  
 Tuesday . . . . . 1 – 7pm  
 Wednesday . . . . . 1 – 7pm  
 Thursday . . . . . 1 – 7pm



## **Learn to DIVE**

Session I: September 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, and 30<sup>th</sup>  
 Session II: October 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, and 28<sup>th</sup>  
 Session III: November 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>, and December 2<sup>nd</sup>  
 Session IV: January 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, and 27<sup>th</sup>  
 Session V: February 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup>, and 24<sup>th</sup>  
 Session VI: March 3<sup>rd</sup>, 10<sup>th</sup>, 24<sup>th</sup>, and 31<sup>st</sup>

TIME: 6:00 – 7:00pm

COST: \$50.00 *per session*

INSTRUCTOR: Mr. John Lynch  
 John is a USA Certified Coach.

Minimum #5 -Participants- Maximum #12

The sport of Diving is safe, fun, and exciting. Our “learn to dive program” will focus on beginning fundamentals, pool side drills, body position and basic diving skills.

**All participants MUST be able to swim from the entry point to the side of the pool on their own.**



**Montgomery Aquatic Center**  
22628 Hwy. 105 West  
936-597-2080 office or [ispencer@misd.org](mailto:ispencer@misd.org)

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**Minimum #5 -Participants- Maximum #12**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

### **Emergency Contact Name and Number:**

\_\_\_\_\_

Email \_\_\_\_\_ Session # \_\_\_\_\_

I, the undersigned, hereby agree to participate in the Montgomery Aquatic Center’s programmed activities. I agree to indemnify and hold MISD and its employees/volunteers and contracted instructors harmless from liability, loss, cost, or expense (including attorney’s fees, medical, and ambulance costs) that may incur while participating in the Aquatic Center. In case of an emergency, I give my permission for any medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/guardian. I also give my permission to the district to photograph my child for use in future publicity. My signature acknowledges that I understand and agree to the above conditions.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_