



# Dos Pueblos High School

*National Blue Ribbon School | California Distinguished School*

## Dos Pueblos Summer Swim Private Lessons

- Cost: \$60 per session.
- Camp Description: Available for all ages. We offer Parent/Child classes for any students under 3 years old, adults who are first time swimmers, and stroke correction for advanced swimmers and water polo players. Four 20-minute classes with 1 student max per class.  
**\*This is not a drop-off camp. A Parent or Guardian must stay with children during lessons\***
- Ages: All
- Dates (Monday-Thursday): June 22-25<sup>th</sup>, July 6-9<sup>th</sup>, July 13-16<sup>th</sup>, July 20-23<sup>rd</sup>, July 27-30<sup>th</sup>, August 3-6<sup>th</sup>, August 10-13<sup>th</sup>
- Time: Every 20 minutes from 10-12pm and 2-6pm; Adult swim lessons 5-6
- Location: Elings Aquatic Center at Dos Pueblos High School

- HOME OF THE CHARGERS -

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DPHS Swim & Camps | [www.dphsa.org](http://www.dphsa.org) | 805.331.4092 | [dpsummercamps@gmail.com](mailto:dpsummercamps@gmail.com)

Sponsored by The Santa Barbara Unified School District



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## Summer Swim Private Lessons Registration Form

### Parent/Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Daytime

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Allergies or Health Problems: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_

**Private lessons are 20 minutes long, from 10am-12pm and 2-5pm,  
Monday-Thursday**

**Each session is four 20-minute lessons; June 22-25<sup>th</sup>, July 6-9<sup>th</sup>,  
July 13-16<sup>th</sup>, July 20-23<sup>rd</sup>, July 27-30<sup>th</sup>, August 3-6<sup>th</sup>, August 10-13<sup>th</sup>**

**-See Page 3 for times-**

**Preferred session and time: 1<sup>st</sup> Choice \_\_\_\_\_**

**2<sup>nd</sup> Choice \_\_\_\_\_**

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## Session 1 June 22-25<sup>th</sup>:

- 10:00AM
- 10:20AM
- 10:40AM
- 11:00AM
- 11:20AM
- 11:40PM
- 2:00PM
- 2:20PM
- 2:40PM
- 3:00PM
- 3:20PM
- 3:40PM
- 4:00PM
- 4:20PM
- 4:40PM

## Session 2 July 6-10<sup>th</sup>:

- 10:00AM
- 10:20AM
- 10:40AM
- 11:00AM
- 11:20AM
- 11:40PM
- 2:00PM
- 2:20PM
- 2:40PM
- 3:00PM
- 3:20PM
- 3:40PM
- 4:00PM
- 4:20PM
- 4:40PM

## Session 3 July 13-16<sup>th</sup>:

- 10:00AM
- 10:20AM
- 10:40AM
- 11:00AM
- 11:20AM
- 11:40PM
- 2:00PM
- 2:20PM
- 2:40PM
- 3:00PM
- 3:20PM
- 3:40PM
- 4:00PM
- 4:20PM
- 4:40PM

## Session 4 July 20-23<sup>rd</sup>:

- 10:00AM
- 10:20AM
- 10:40AM
- 11:00AM
- 11:20AM
- 11:40PM
- 2:00PM
- 2:20PM
- 2:40PM
- 3:00PM
- 3:20PM
- 3:40PM
- 4:00PM
- 4:20PM
- 4:40PM

## Session 5 July 27-30<sup>th</sup>:

- 10:00AM
- 10:20AM
- 10:40AM
- 11:00AM
- 11:20AM
- 11:40PM
- 2:00PM
- 2:20PM
- 2:40PM
- 3:00PM
- 3:20PM
- 3:40PM
- 4:00PM
- 4:20PM
- 4:40PM

## Session 6 August 3-6<sup>th</sup>:

- 10:00AM
- 10:20AM
- 10:40AM
- 11:00AM
- 11:20AM
- 11:40PM
- 2:00PM
- 2:20PM
- 2:40PM
- 3:00PM
- 3:20PM
- 3:40PM
- 4:00PM
- 4:20PM
- 4:40PM

## Session 7: August 10-13<sup>th</sup>

- 10:00AM
- 10:20AM
- 10:40AM
- 11:00AM
- 11:20AM

- 11:40AM
- 2:00PM
- 2:20PM
- 2:40PM
- 3:00PM

- 3:20PM
- 3:40PM
- 4:00PM
- 4:20PM
- 4:40PM

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## Santa Barbara Unified School District

### VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I, the undersigned, being the parent or legal guardian of \_\_\_\_\_,  
do hereby give my permission for my son/daughter to participate in the Santa Barbara Unified School District's

\_\_\_\_\_ (activity).

I understand and acknowledge that this activity **may** pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses, which **may** result from participating in this activity, include, but are not limited to the following:

- |                              |                          |
|------------------------------|--------------------------|
| 1. Sprains/strains           | 5. Paralysis             |
| 2. Fractured bones           | 6. Loss of eyesight      |
| 3. Unconsciousness           | 7. Communicable diseases |
| 4. Head and/or back injuries | 8. Death                 |

I understand and acknowledge that my child's participation in this activity is completely voluntary.

I understand and acknowledge that in order to participate in this activity, I and my son/daughter agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the Santa Barbara Unified School District, its employees, officers, agent, or volunteers shall not be liable and I hereby waive, release, and discharge them from any future claims, demands, obligations, or causes of action for any injury/illness or property damage suffered by my son/daughter arising as a result of engaging or receiving instruction ins aid activity or any activity that is incidental thereto.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Print Parent/Guardian Name

Emergency contact person and phone #: \_\_\_\_\_