



**\$50.00 per student  
if a Pool Member.  
\$75.00 per student  
if not a Pool Member.  
Preschool and Level I  
\$35.00**

**Classes RAINED OUT  
will be RESCHEDULED**

www.refreshingmountain.com (717)738-1490  
**Refreshing**  
 Mountain Camp  
 455 Camp Road, Stevens, PA 17578

**AMERICAN RED CROSS CERTIFIED**  
**SWIMMING**  
**LESSONS**

**Refreshing Mountain Camp Summer 2010**

# CLASS SCHEDULE

## Session 1 June 7—July 9, 2010

Level Preschool 2&3—11:00-11:30 AM Fri.

Level I—10:20 -10:50 AM Fridays

Level II—11:00-11:40 AM Mon./Weds.

Level III—10:15-10:55 AM Mon./Weds.

Level III-11:00-11:40 AM Tues./Thurs.

Level IV—10:15-10:55 AM Tues./Thurs.

Level IV/V—9:30-10:10 AM Mon./Weds.

Level V/VI—9:30-10:10 AM Tues./Thurs.

# CLASS SCHEDULE

## Session II July 19—Aug. 20, 2010

Preschool 1-2— 11:00-11:30 AM Fridays

Preschool 2-3—10:20-10:50 AM Fridays

Level I/II—11:00 -11:30 AM Tues./Thurs.

Level II—11:00-11:40 AM Mon./Weds.

Level II/III—10:15-10:55 AM Tues./Thurs.

Level III—10:15-10:55 AM Mon./Weds.

Level III-9:30-10:10 AM Tues./Thurs.

Level IV/V-9:30-10:10 AM Mon./Weds.

## Description of Swimming Levels

**Preschool 1,2, 3—Intro to Water Basics**

**Level I - Intro to Water Skills (min age is 6)**  
Learning to feel comfortable in the water and enjoy it.

**Level II - Fundamental Water Skills**  
Learning movement in water.

**Level III - Development of Strokes**  
Learning to coordinate strokes for movement.

**Level IV - Improvement of Strokes**  
Learning to coordinate strokes for movement.

**Level V - Refining the Strokes**  
Learning to be proficient in all strokes with turns.  
Life saving skills added.

**Level VI - Skill Proficiency and Endurance**  
Learning to use all the strokes with ease.  
Intro to Lifeguarding.

*Instructor Tiffany Martin*

Students will receive American Red Cross Certificates for level completed

## Swimming Lessons Registration Form

Please make checks payable to **Refreshing Mountain Camp, Inc.** and mail with form to **455 Camp Road, Stevens, PA 17578**

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Session #: \_\_\_\_\_ Level #: \_\_\_\_\_

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Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Register by  
June 4<sup>th</sup> for  
session 1**

Slots will be filled on  
a first come,  
first served basis.

**Register by  
July 16<sup>th</sup> for  
session II**