

Free Swimming Lessons

Drowning can happen nearly anywhere there is standing water. Teaching children how to be safe around the water is not a luxury; it's a necessity.

Here at the West Valley City Family Fitness Center, we believe that the ability to swim is a critical life skill that children of all ages should have. We have received additional funding to assist low-income residents attend swimming lessons.

Drowning is a leading cause of accidental death in children 1-14.



Proof of income qualification is required and must be submitted with the application.

Family Size

Income

1	\$ 41,350 or less
2	\$ 47,250 or less
3	\$ 53,150 or less
4	\$ 59,050 or less
5	\$ 63,800 or less
6	\$ 68,500 or less
7	\$ 73,250 or less
8	\$ 77,950 or less

Required Documentation

Free or reduced school lunch letter
SNAP Participant
Tax Return

*Please keep your documentation, front desk staff only need to see it!



Family Fitness Center
5415 West 3100 South | 801-955-4000
www.wvcfitness.com



Head of Household Name

Address

City

Zip

Phone #

Email Address

RELEASE, INDEMNIFICATION & HOLD HARMLESS: I, the undersigned, represent that I am the parent or legal guardian of the above-name child/children. I hereby recognize and acknowledge that there inherent hazards and risks connected with certain activities and programs at the West Valley Fitness Center. The undersigned, on behalf of the above-named child/children (1) Knowingly and voluntarily assumes full responsibility for such risks and hazards and, (2) agrees that I am bound by all terms and conditions of the West Valley Family Fitness Center Rules and Procedures. The undersigned is aware of the content of the programs and activities of the Center and hereby represents that the undersigned is physically, mentally and emotionally fit and capable of safely participating in such programs or activities. I agree as a condition of participation in programs or activities of the Center, to release, defend, indemnify and hold West Valley City, its officers, agents, employees and volunteers harmless from and against any and all loss, judgments, damage and expense incurred by reason of any claim or liability based upon (1) personal injury (including death) or property damage to any person arising out of the negligent or intentional action of the undersigned, or (2) personal injury (including death) or property damage to the undersigned, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of West Valley City, its officers, agents, employees or volunteers.

I am the parent or legal guardian of _____, a participant in (insert program/league/organization). I have read this policy, understand it, and agree to abide by all of its terms. In particular, I understand that my child cannot participate in any sporting event of this organization until he or she has been cleared to participate by a qualified health care provider who has completed a continuing education course in the evaluation and management of a concussion within three years of evaluating my child. I understand that I cannot waive this requirement. I understand that if a coach or other employee or affiliate of the league or organization suspects a head injury or concussion, my child will be removed from participation until he or she is cleared.

The West Valley City Family Fitness Center does not discriminate on the basis or race, color, national origin, gender, age or disability for facility access, services or programs. If you are planning to visit the facility or enroll in a program and, due to a disability, need assistance for facility access or program participation, please notify the Family Fitness Center 48 hours or more in advance and we will try to provide whatever assistance may be required.

Signature

Date

Child# 1

First Name: _____ **Last Name:** _____ **Date of Birth:** ____/____/____

Lesson Level: _____ **Days:** _____ **Time:** _____

Child# 2

First Name: _____ **Last Name:** _____ **Date of Birth:** ____/____/____

Lesson Level: _____ **Days:** _____ **Time:** _____

Child# 3

First Name: _____ **Last Name:** _____ **Date of Birth:** ____/____/____

Lesson Level: _____ **Days:** _____ **Time:** _____