

**Physique Swim School – 2016 Spring/Summer Classes Schedule**  
**At New Jersey Institute of Technology**  
**(Athletic Center – 80 Lock Street, Newark, NJ)**

**Friday at 6:00 or 6:30 p.m. Beg1, Beg 2, Adv 1, Adv 2**

**Friday at 6:30p.m. Teen’s and Adult’s Swim Class**

January 8 – February 19 (7 classes - \$105)  
 February 26 – April 22 (7 classes - \$105, no class on 3/18 & 3/25)  
 April 29 – June 24 (8 classes - \$120, no class on 5/27)  
 July 8 – August 26 (8 classes - \$120)

**Sunday at 3:30 or 4:00p.m. Beg.1, Beg.2, Adv.1, Adv.2**

**Sunday at 4:00p.m. Teen’s & Adult’s Swim Classes**

January 10 – February 21 (7 classes - \$105)  
 February 28 – April 24 (8 classes - \$120, no class on 3/27)

**Saturday at 1:00 and/or 1:30 p.m. Beg1, Beg2, Adv1, Adv2**

**Saturday at 1:30p.m. Teen’s and Adult’s Swim Class**

April 30 – June 25 (8 classes- \$120 no class on 5/28)  
 July 9 – August 27 (8 classes - \$120)

Schedule is a subject to change with advanced notification. There is no classes scheduled on major official Holidays. All classes are 30 minutes in length. Parents are asked to have their children on the deck 5 minutes before the class is ready to start. Use a shower and a bathroom before entering the pool, which located at the end of the swimming pool. Latex or nylon cap should be worn by swimmers to keep long hair out of the faces. There are 10 minutes for swimmers to use a changing room before and after the class with adult supervision. We allow two make up classes within this session. Class fee are not refundable after the first lesson. Parents may observe lessons from the bleacher area only. Be aware of our Pool Rules: No running – No gum chewing – No food or drink is allowed in the pool area. Do not interrupt the lessons.

**Make a check payable to \*Physique\***

**P.O. Box 441, Oldwick, NJ 08858**

**(973) 895 – 2865**

**-www.physiqueswimming.com-**

**PhysiqueSwimming@msn.com**

**Physique Swim School Registration Form.** Please, fill out it completely.

Student’s Name	Age	Level	Dates	Time
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Parents’ Name \_\_\_\_\_ / \_\_\_\_\_

Phone(C) \_\_\_\_\_ Phone(H) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_