

# Recreational Swimming Bus – 2019

Where: *Adel Aquatic Center*

When: *Tuesday and Thursday Afternoons*

➔ **First Day – Tuesday, June 4**  
**Last Day – Thursday, August 8**

**NOTE: No swimming bus on July 2 & July 4**

- Transportation only is being provided and please remember ... the bus driver and lifeguards are NOT babysitters
- Emergency info below must be completed for each child & given to the bus driver their first day on the bus
- Kids are responsible for displaying exemplary behavior both on the bus and at the pool. Anything less and they will NOT be allowed to participate. Respect the bus and pool rules and all other participants.

☀ ***This opportunity is a privilege. Please respect it and .... Let's have a fun-filled summer!!!***

**Bus Pickup Schedule**

**NOTE: If the bus reaches full capacity, that's as many swimmers as can go that day! Also, bus schedule will be reviewed after 2 weeks and may be altered as needed.**

**Tuesdays**  
**Group 1.**  
 12 Noon –Departs Methodist Church/University Kids  
 3:00 PM - Departs pool & returns to Church  
**Group 2.**  
 12:50 PM – Departs VM School Parking Lot  
 1:00 PM – Departs Crestview (Bus stop at Tracy & Bulldog)  
 4:00 PM – Departs pool & returns to VM

**Thursdays**  
**Group 1.**  
 12 Noon – Departs Methodist Church/University Kids  
 3:00 PM – Departs pool & returns to Church  
**Group 2.**  
 12:50 PM – Departs Hickory Lodge (Bus stop at Hickory Lodge Drive & Hickory Ridge Drive)  
 1:00 PM – Departs Crestview  
 11:10 PM – Departs VM School Parking Lot  
 4:00 PM – Departs pool & return to VM

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The bus driver must have this information for each child. Complete & bring the first day they go swimming.

## Recreational Swimming Emergency Information

Participant's Name \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_

In case of an emergency, notify the following:

**#1 Contact:**  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**#2 Contact:**  
 Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Health Information: Personal Doctor/Clinic \_\_\_\_\_

City \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Medical history, allergies, medications taken and any other information that a doctor or First Responder should be aware of: \_\_\_\_\_