



2019 Portable Pool Schedule



This exciting program provides swimming skills, promotes water safety and encourages youth to consider future careers as lifeguards. Lessons are taught by Parks & Recreation Pool Guards who are certified American Red Cross Water Safety Instructors.

Location	Registration Begins	Session I	Session II	Session III
City Heights Recreation Center 4380 Landis St., 92105 (619) 641-6126	June 1	1-week sessions, June 17 – August 23		
Robert Egger Sr./South Bay Recreation Center 1885 Coronado Avenue, 92154 (619) 424-0470	May 11	July 1-July 5	July 8-July 12	July 15-July 19
Paradise Hills Recreation Center 6610 Potomac Street, 92139 (619) 527-3419	June 1	July 15-July 19	July 22-July 26	July 29-Aug 2
Linda Vista Recreation Center 7064 Levant Street, 92111 (858) 573-1392	July 13	July 29-Aug 2	Aug 5-Aug 9	Aug 12-Aug 16
Ocean Beach Recreation Center 4726 Santa Monica Avenue, 92107 (619) 531-1527	June 17	Aug 5-Aug 9	Aug 12-Aug 16	Aug 19-Aug 23

To Register: Participants must register at the recreation center where lessons will be conducted. Prior to registering, please fill out an [ActiveNet Customer Profile](#) on the reverse side and return the form to the center staff on date of registration.

ActiveNet Customer Profile

Parent/Guardian: _____
FIRST LAST

Address: _____
STREET, CITY, ZIP

Phone: _____
PRIMARY SECONDARY

E-Mail: _____

Gender: M or F Date of Birth: _____

Emergency Contact: _____
FIRST LAST

Relationship: _____ Phone: _____

Additional Family Members:

Name: _____ Role: Adult or Child

Gender: M or F Date of Birth: _____

Name: _____ Role: Adult or Child

Gender: M or F Date of Birth: _____

Name: _____ Role: Adult or Child

Gender: M or F Date of Birth: _____

Name: _____ Role: Adult or Child

Gender: M or F Date of Birth: _____

ActiveNet Perfil Del Cliente

Padre/Tutor: _____
PRIMER NOBRE APELLIDO

Dirección: _____
CALLE, CIUDAD, POSTAL

Número de Teléfono: _____
PRIMARIA SECUNDARIA

Correo Electrónico: _____

Género: M or F Fecha de Nacimiento: _____

Emergency Contact: _____
PRIMER NOMBRE APELLIDO

Relación: _____ Número de Teléfono: _____

Miembro Adicional del la Familia:

Nombre: _____ Role: Adultos o Niños

Género: M or F Fecha de Nacimiento: _____

Nombre: _____ Role: Adultos o Niños

Género: M or F Fecha de Nacimiento: _____

Nombre: _____ Role: Adultos o Niños

Género: M or F Fecha de Nacimiento: _____

Nombre: _____ Role: Adultos o Niños

Género: M or F Fecha de Nacimiento: _____