



**Orange County Sportsplex**  
 919-644-0339 • oc-sportsplex.com  
 101 Meadowlands Dr, Hillsborough, NC 27377

## HILLSBOROUGH AQUATIC CLUB SWIM ACADEMY

*Contact Anna Varnell (Swim Lesson Director) at [AVarnell@oc-sportsplex.com](mailto:AVarnell@oc-sportsplex.com) or 919.644.0339 extension 229*

### 2026 SUMMER SWIM LESSONS

- PT - Parent/Tot (Class Size 8)
- PC - Parent/Child (Class Size 5)
- PUP'S/JUVIE'S – Level 1 (Class Size 4-5)
- PUP'S/JUVIE'S – Level 2-3 (Class Size 5-6)
- Sharks – HAC Junior Swim Team (Class Size 8)

Come around your summer schedule!  
 You pick the day(s) of the week that works best for you!  
 \*Sportsplex Members receive 15% discount on lessons! \*

**\$30 per Swim Lesson**  
**\$30 Annual Membership Required**

### REGISTER ONLINE AT [oc-sportsplex.com](http://oc-sportsplex.com) OR STOP BY THE FRONT DESK

*\*Registration is non-refundable! Class size subject to change! Call for swim lesson help/information for children 11yr-15yr!\**

***\*No one should ever swim alone. No child should ever be left alone near water. Lifejackets save lives, when in doubt, put on a lifejacket. \****

MONTHLY SCHEDULE	Monday	Tuesday	Wednesday	Thursday	Saturday	
	<input type="checkbox"/> 6/29 <input type="checkbox"/> 7/06 <input type="checkbox"/> 7/13 <input type="checkbox"/> 7/20 <input type="checkbox"/> 7/27 <input type="checkbox"/> 8/03	<input type="checkbox"/> 6/30 <input type="checkbox"/> 7/07 <input type="checkbox"/> 7/14 <input type="checkbox"/> 7/21 <input type="checkbox"/> 7/28 <input type="checkbox"/> 8/04	<input type="checkbox"/> 7/01 <input type="checkbox"/> 7/08 <input type="checkbox"/> 7/15 <input type="checkbox"/> 7/22 <input type="checkbox"/> 7/29 <input type="checkbox"/> 8/05	<input type="checkbox"/> 7/02 <input type="checkbox"/> 7/09 <input type="checkbox"/> 7/16 <input type="checkbox"/> 7/23 <input type="checkbox"/> 7/30 <input type="checkbox"/> 8/06	<input type="checkbox"/> 6/27 <input type="checkbox"/> 7/11 <input type="checkbox"/> 7/18 <input type="checkbox"/> 7/25 <input type="checkbox"/> 8/01 <input type="checkbox"/> 8/08	
Age	Weekday Level 1	Weekday Level 2	Weekday Level 3	Saturday Level 1	Saturday Level 2	Saturday Level 3
Parent/Tot 6 MO – 1 YR				<input type="checkbox"/> 8:30A		
Parent/Child 2 YR – 3 YR	<input type="checkbox"/> 6:10P			<input type="checkbox"/> 8:30A <input type="checkbox"/> 9:05A		
PUP'S 3 YR – 5 YR	<input type="checkbox"/> 5:00P <input type="checkbox"/> 5:35P	<input type="checkbox"/> 5:00P <input type="checkbox"/> 5:35P	<input type="checkbox"/> 6:45P	<input type="checkbox"/> 9:05A <input type="checkbox"/> 9:40A <input type="checkbox"/> 10:15A	<input type="checkbox"/> 9:40A <input type="checkbox"/> 10:15A	<input type="checkbox"/> 10:50A
JUVIE'S 6 YR – 10 YR	<input type="checkbox"/> 6:10P	<input type="checkbox"/> 6:10P	<input type="checkbox"/> 6:45P	<input type="checkbox"/> 10:50A	<input type="checkbox"/> 11:25A	<input type="checkbox"/> 11:25A
*SHARKS* HAC JUNIOR SWIM TEAM	<input type="checkbox"/> 4:00P	<i>Tuesday or Thursday ONLY</i>		<input type="checkbox"/> 10:50A		

**PARTICIPANT INFORMATION:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Waiver:** As a participant or guardian/parent of a participant, I knowingly and freely assume all risks, both known and unknown, and whether or not such risks are foreseeable, in connection with participation in the Program. Even if such risks arise from the negligence of the participant, releases, as defined below, or others. Participant assumes the risk of injury or death and takes full responsibility for participation in the Program. I consider myself and/or my dependents adequately trained and with sufficient knowledge to participate in the activities offered by Recreation Factory Partners, LLC: dba Orange County Sportsplex (hereinafter referred to as "The Sportsplex"). I hereby, on my own behalf and on the behalf of my dependents, release, discharge and hold harmless The Sportsplex, its employees and agents, for any and all injuries or losses sustained while participating in any of the activities or programs offered by The Sportsplex. I further agree that The Sportsplex shall not be responsible for any theft or loss of property while on the premises, including the parking lot. I further understand that The Sportsplex has the right to set the times and days that the facility and its activities will be available for member and public usage. The Sportsplex discourages any parent or guardian from dropping off children under the age of 13 without supervision of an adult over the age of 18, and does not assume responsibility of them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_