

"Aqua Animals"



WHO: Youth, must be 3 – 5 years by session start **WHERE:** Keyes Memorial Pool - Elm St., Milford

WHEN: Four Swim Lesson Sessions offered: (See session dates and please check class preference below)

Mon.-Thurs. (Friday Rain Date) ☐ 10:00–10:30 am ☐ 10:45 – 11:15 am ☐ 11:30 am – 12 pm

☐ **Session 1: June 29- July 10**

☐ **Session 3: July 27 – August 7**

☐ **Session 2: July 13 - July 24**

☐ **Session 4: August 10 - August 21**

☐ **Level 1 - Guppies**

☐ **Level 2 - Tadpoles**

☐ **Level 3 - Froggies (descriptions on the back)**

COST: Residents \$25 pp/session, Non-residents \$50 pp/session. Must possess a 2009 pool pass prior to registering.

TO REGISTER for LESSONS Pre-registration is required.

Registration deadline is the Monday before the start of each session. Every effort will be made to accept late registrations if space is available. Mail in complete registration form or register in person at the Recreation Dept. or the pool during pool season.

- **CLASS SIZES ARE LIMITED. All levels are not offered for each session. Registration is First Come, First Serve.**
- **Please choose your sessions wisely. Do not sign up for a lesson if you plan on missing more than two days in a session.**
- Complete this Registration Form, with the PARENT or GUARDIAN SIGNATURE.
- Payment must accompany Registration Form. Checks are made payable to "Milford Recreation Dept." **RETURN CHECK FEE IS \$25.00.**
- No Refunds once session commences.

Description of "Aqua Animals"

The Milford Keyes Pool is offering a new swimming program "Aqua Animals" designed for children ages 3-5 years. The program will teach young swimmers many different swimming and safety skills. The program is for the child and instructor. Parents are welcome to watch but not participate during the lesson. The "Aqua Animals" program has 3 different levels - description of levels on the back page.

2009 RECREATION Aqua Animals

One Form per Child

NAME _____ DOB _____ MALE _____ FEMALE _____

Address, Town, Zip _____ Home Phone _____

Parent's Name _____ Parent's Work Phone _____

Family E-Mail: _____

Emergency Contact Name _____ Relation _____ Phone _____

Level Requested _____ Last Level Passed _____ Session Requested _____ **PREFERRED TIME:** ☐ 10:00 AM ☐ 10:45 AM ☐ 11:30 AM

HEREBY GIVE MY PERMISSION for my son/daughter to participate in the Milford Recreation Dept program. I am aware of the hazards of the activity/sport and the risk of injury in these athletic and active programs. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and I do hereby waive, release indemnify, and agree to hold harmless the said Town of Milford, its volunteers, staff and all sponsors for all liability for any and all loss or damage, and any claim arising out of injury to my son/daughter or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.

IN CASE OF EMERGENCY, I hereby give my permission to the program staff and medical personnel selected by the Recreation Dept and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment, if warranted, on behalf of my child. **IN THE EVENT OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT PARENT/GUARDIAN.**

PLEASE LIST ALL MEDICAL CONCERNS or instructions the staff should know regarding your child's health on the back of this sheet (medications, allergies, behavior concerns, etc.)

Family Insurance Yes _____ No _____ Company Name & Policy _____

Parent/Guardian's Signature: _____ **Date** _____

For Office Use Only

Amount \$ _____

Cash ⇔ Check ⇔ _____