



Senior Water Movement

WHO: Seniors or those seeking low impact water movement program **WHERE:** Keyes Memorial Pool - Elm Street, Milford

WHEN: July 6 - August 14, 2009; Tuesday and Thursday (Friday Rain Date) **12:15 to 12:45 pm, six week session.**

COST: Residents \$15 per session, Non-residents \$20 per session. Drop-in fee \$2 per class.

Must possess a 2009 pool pass (free for ages 62+).

TO REGISTER for Class Pre-registration is required.

Registration deadline is the Monday before the start of the six week program. 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. Registration is First Come, First Serve.**
- Complete this Registration Form, with 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 Water Movement 6 week Session for Seniors Objectives

Water movement in the pool helps improve flexibility and mobility for both swimmers and non-swimmers. This class meets in the shallow end of the pool. Each class period includes time for individual exercise activities and/or lap swimming. Classes are designed to give participants a positive learning experience. WEATHER always plays a factor in outdoor lessons! Our goal is to make every effort to conduct lessons at the pool. Please call Keyes Pool or the Recreation Office when in doubt. The Friday of each week will be used for make-up lessons for bad weather cancellations only.

2009 RECREATION Water Movement Session

**** One Form Per participant ****

NAME _____ Address, Town, Zip _____

Home Phone _____ E-Mail: _____

Emergency Contact Name _____ Relation _____ Phone _____

EMERGENCY TREATMENT, RELEASE & WAIVER AGREEMENT:

**** I am aware of the hazards of the activity/sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity/sport.**

**** I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to myself 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 medical personnel selected by the manager and staff, to act as my agent to hospitalize, secure proper treatment for, to order x-rays, routine tests, or other medical treatment for myself. PLEASE let the instructor know of any medical or health concerns or instructions before participating.**

SIGNATURE _____ DATE _____

**** PLEASE LIST ALL medical concerns or instructions that the team manager should know regarding your health.**

(i.e. medications, allergies, etc.)

For Office Use Only

Amount \$ _____
Cash ⇔ Check ⇔ _____