



## "LEARN-TO SWIM"

### American Red Cross Youth Swim Lessons

**WHO:** Youth, must be 5 years old by class start **WHERE:** Keyes Memorial Pool - Elm Street, Milford

**WHEN:** Four Swim Lesson Sessions are 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- 12:00 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**

**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.
- Copy of Birth Certificate
- 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 "LEARN-TO-SWIM" Levels and Objectives**

American Red Cross Swimming Lessons are offered by age and ability level. The Learn To Swim program provides instruction to help swimmers of all ages and abilities develop their swimming and water safety skills. They are designed to give students a positive learning experience. Each Swimming Lesson session consists of 8 30-minute classes, including safety program, rules, and ability assessment day. The Pool Program Manager reserves the right to transfer students to the proper class level. WEATHER always plays a factor in outdoor lessons! Our goal is to make every effort to conduct lessons at the pool. Please call the 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.

**Complete Level Descriptions available on back of form: Level 1 - 6**

#### 2009 RECREATION SWIMMING LESSONS

**\*\* One Form per Participant \*\***

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** ⇔ \_\_\_\_\_