

Milford Recreation Department

1 Union Square ~ Milford, NH 03055

Phone (603) 249-0625 ~ Fax (603) 673-2273

Summer 2009

www.milford.nh.gov



SWIM LIKE A FISH Parent and Child Swim Lessons



WHO: Children ages 6 months – 3 years and Parent (parent or guardian required to participate in lesson)

WHERE: Keyes Memorial Pool - Elm Street, Milford

WHEN: Four Sessions and two times offered (**Rain date Friday**)

☐ **Session 1: June 29 - July 10**

☐ **Session 3: July 27 – August 7**

☐ **Session 2: July 13 - July 24**

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

☐ **Starfish: Mon. & Wed. - 12:15-12:45 pm**

☐ **Seahorse: Tues. & Thurs. - 9:00-9:30 am**

COST: Residents \$10/session, Non-residents \$20/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 at the pool during pool season.

- **CLASS SIZES ARE LIMITED.** Classes may be combined or cancelled. **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 "Parent and Child" Levels and Objectives

Parent and Child Swim Lessons are designed to develop fundamental swimming skills at an early age including increasing the level of instruction between parent and child, creating a positive experience for the child in the water, and introducing basic aquatic safety. These programs help parents form reasonable and healthy expectations of their child's progress through song, games and fun activities. Classes focus on fun, exercise, parent education and water adjustment. These skills can be used in water recreational activities that they will enjoy when they are older and help to form a foundation for swimming as a lifelong physical fitness activity. 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 call the Recreation Office when in doubt. Parents and Infant/toddlers, 6 mos. - 3yrs old are introduced to the water and water safety. Instructors emphasize a positive and enjoyable experience through songs and games. Children begin to take some responsibility for safe practices.

2009 RECREATION Parent and Child Swimming Lessons

**** One Form per Child ****

CHILD'S NAME _____ DOB _____ MALE _____ FEMALE _____

Address, Town, Zip _____ Home Phone _____

Parent's Name _____ Parent's Work Phone _____

Family E-Mail: _____

Emergency Contact Name _____ Relation _____ Phone _____

Session Requested _____ ☐ **Starfish** ☐ **Seahorse**

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 ⇄ _____