

Milford Recreation Department

1 Union Square ~ Milford, NH 03055
Phone (603) 249-0625 ~ Fax (603) 249-0625

Summer 2009

www.milford.nh.gov

Synchronized Swimming



WHO: Participants, ages 8-18 years
WHERE: Keyes Memorial Pool - Elm Street, Milford
WHEN: June 29th - August 14th; **Monday & Wednesday 12:15-1:00 pm**
COST: **Residents \$42.00, Non-residents \$56.00 for the 7 weeks**
Must Possess a 2009 pool pass prior to registering.

TO REGISTER for Class Pre-registration is required.

Registration deadline is the Monday before the start of the seven 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 "Synchronized Swimming" Objectives

The Milford Keyes Pool is offering a new Synchronized Swimming Program. The instructors will focus on basic movements, development of routines and conditioning swim practices. There will be a synchronized swimming show at the end of the program. Participants must be comfortable in deep water and submerging activities. Swim caps and nose plugs are needed for this program.

In case of bad weather rain or thunder the class will be cancelled.

2009 RECREATION Synchronized Swimming

**** 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 _____

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 ⇔ _____