

Class Level: _____ Session: _____

Swim Lesson Registration – Gilford Beach

1st Session Runs: Monday through Friday, June 24th – July 12th (No Lessons on July 4th)

2nd Session Runs: Monday through Friday July 15th – August 2nd

Times: **Level 3/4:** 9:30am-10am, **Level 2:** 10:15am-10:45am, **Level 1:** 11am-11:30am

Level 5/6 11:30-Noon

Child's Name: _____

Address: _____

Phone: _____ Age: _____ D.O.B.: _____

Email Address: _____

Last Swimming Class Passed: _____

Allergies: _____

Health Problems: _____

Please comment on anything that will better help us instruct your child, I.E. fear of the water, previous bad experience, etc.: _____

Name of Parent/Guardian: _____

IN CASE OF EMERGENCY, NOTIFY (NAME & PHONE): _____

Other Siblings taking lessons here: _____

As an authorized user of the Gilford Beach, I give permission for my above listed child to participate in the Swim lesson program at Gilford Beach. I understand that my child's photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website and/or Facebook page. I understand the program will take place outdoors in a variety of conditions to include but not limited; exposure to extreme hot and/or cold, rain and wind; surfaces that may be hard, rough, uneven, wet, and slippery. I understand the swim lesson program requires physical activity with inherent risks that may result in death, drowning, hypothermia, heat stroke, and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I also understand that participating in swim lessons may subject my child to exposure to the COVID-19 virus. I accept all risks inherent to said activity and do hereby release the Gilford Parks and Recreation Department, their staff and volunteers assisting with this program from any liability arising out of any injury which may occur to my child during the normal course of the above mentioned program.

Parent/Guardian Signature: _____ Date: _____

REGISTRATION FEE PAID: _____

\$35.00 for 1st child in family, \$20.00 for 2nd child and \$15.00 for each additional child per session