



# Swim Lessons

*Red Cross Certified*



**Session 1- June 27- July 22, 2016**

**OR**

**Session 2 – July 25 – August 19, 2016**

**Morning Classes:**

- 9:30am-10:05am: Beginning levels (Red Cross Learn to Swim 1 and 2)*
- 10:15am-10:50am: Intermediate Levels (Red Cross Learn to Swim 3 and 4)*
- 11:00am-11:35am: Advanced Levels (Red Cross Learn to Swim 5 and 6)*

**12:00pm-12:30pm-Preschool Levels (Bubble Blowers)**

**Afternoon Classes:**

- 1:00pm-1:35pm: Beginning levels (Red Cross Learn to Swim 1 and 2)*
- 1:45pm-2:20pm: Intermediate Levels (Red Cross Learn to Swim 3 and 4)*
- 2:30pm-3:05pm: Advanced Levels (Red Cross Learn to Swim 5 and 6)*

**Evening Classes:**

- 3:30pm-4:05pm- Beginning levels (Red Cross Learn to Swim 1 and 2)*
- 4:15pm-4:50pm- Intermediate Levels (Red Cross Learn to Swim 3 and 4)*

**All LEVEL DESCRIPTIONS are located on our website!!**

<http://www.nottingham-nh.gov/recreation-department>

Classes are 2 days a week, **Monday and Wednesday** Each session is subject to space availability.

Due to the chance of summer storms, swim lessons may be cancelled and rescheduled on a Friday during the session at the director's discretion.

*\*There will be NO class on Monday, July 4<sup>th</sup>\**

Cost is \$25.00 per session (2 lessons per week for 4 weeks). This program is open only to Nottingham residents. This schedule is subject to change based upon enrollment. Please complete both sides of this form and return it with \$25.00 to the Recreation Department, PO Box 114, Nottingham, NH 03290.

Checks should be made out to the Town of Nottingham. Registration is also available ONLINE.

Call the Recreation office at 679-3435 for more information.

PARTICIPANT'S NAME: \_\_\_\_\_ SESSION \_\_\_\_\_

CLASS (Please Circle One): Morning      Preschool      Afternoon      Evening

LEVEL (Please Circle One): Bubble Blowers    1    2    3    4    5    6

RESIDENCE ADDRESS: \_\_\_\_\_

**SWIM REGISTRATION/PARENTAL PERMISSION FORM 2016**

(Please complete a separate form for each participant.)

Program name: Swim 2016

Participant: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (fall 2016) \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Email: \_\_\_\_\_

I/We \_\_\_\_\_ and \_\_\_\_\_, parents of the above-named participant do hereby give permission for him/her to participate in the above-named Nottingham Recreation Department program. We/I acknowledge that we/I have reviewed the list of activities contemplated to be part of the program & give permission for our/my child to participate in these activities, with the following exceptions: \_\_\_\_\_

**Emergency Information**

In case of an emergency and I/we cannot be reached by telephone, I authorize transport & treatment by qualified personnel. Contact information (please provide a minimum of two numbers – *at least* the first number should be a parent):

1. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(Parent)

2. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participant's date of birth: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Dr.'s phone number: \_\_\_\_\_

Medical information (include *all* allergies and reaction, medications, and medical conditions) \_\_\_\_\_

Insurance (provider, group #, etc.) \_\_\_\_\_

**Photo/Waiver/Emergency Release**

The Nottingham Recreation Department \_\_\_\_\_ HAS \_\_\_\_\_ DOES NOT HAVE my permission to use any photo of my child taken during the above program on the Nottingham Recreation Facebook page and any other printed material.

While the Town of Nottingham agrees to make all reasonable efforts within its power to provide a safe and secure environment for children in the above-named program, the undersigned acknowledge that there remains some risk of personal injury in these activities, and therefore, the undersigned agrees to indemnify and hold harmless the Town of Nottingham, its agents, employees, and volunteers, from any and all liability, including claims by any person, along with demands, judgments, settlements, and costs, arising out of my child's participation in this program.

In case of an emergency and I/we cannot be reached by telephone, I authorize transport & treatment by qualified personnel.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification for Joint Offspring – JOINT CUSTODY ONLY**

I hereby certify that as one of two joint custodians of my child, I have conferred with the other custodian, whose name is \_\_\_\_\_, to execute this form on his/her behalf as well as my own.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only: Date received: \_\_\_\_\_ Cash / Check (# \_\_\_\_\_) Amount: \_\_\_\_\_

Notes: