

**Leominster Recreation Department**  
**Swim Lessons Program 2009**

The Recreation Department is hosting swimming lessons this coming summer. Please use this registration form to sign-up for swim lessons. **Cost per session is \$45.00** and lessons are **Monday – Friday** at the time you sign-up for. **Non-Resident Fee: Add \$5.00 per program.** Registration times, dates, and levels will be posted at the Leominster State Pool.

| Level I<br>Intro to Water Skills | Level II<br>Fundamental Aquatic Skills | Level III<br>Stroke Development (Readiness) | Level IV<br>Stroke Development | Level V<br>Stroke Refinement | Level VI<br>Fitness Swimmer or Lifeguard |
|----------------------------------|--|---|--------------------------------|------------------------------|--|
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Session I: Level: \_\_\_\_\_ Time: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_

Session II: Level: \_\_\_\_\_ Time: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_

Session III: Level: \_\_\_\_\_ Time: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_

Session IV: Level: \_\_\_\_\_ Time: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Check#: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*When emergency situations arise, we want to be able to handle them according to your wishes, if possible. Please fill in ALL the following information. Indicate by number ( ) the order of preference for contacting the people listed.

Mother's Name: \_\_\_\_\_ ( ) Mother's Phone #: \_\_\_\_\_  
 ( ) Mother's Work #: \_\_\_\_\_ ( ) Mother's Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ( ) Father's Phone #: \_\_\_\_\_  
 ( ) Father's Work #: \_\_\_\_\_ ( ) Father's Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) Emergency Phone: \_\_\_\_\_  
 Doctor's Name: \_\_\_\_\_ ( ) Doctor's Phone: \_\_\_\_\_

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
 ANY SPECIAL MEDICAL CARE? \_\_\_\_\_  
 ACTIVITY RESTRICTIONS: \_\_\_\_\_  
 MY CHILD CAN BE PICKED UP **ONLY** BY (other than parent)  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**THIS FORM  
MAY BE  
DUPLICATED.**

**PHOTOGRAPHY CONSENT AND WAIVER**

- \_\_\_ My child \_\_\_\_\_ has permission to be photographed during Recreation programs for publicity purposes by members of the press.
- \_\_\_ My child \_\_\_\_\_ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.
- \_\_\_ My child \_\_\_\_\_ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

**Sign Here:** Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_