

2018 APPLICATION FOR SWIMMING LESSONS

TOWN OF DEMOTTE
112 Carnation ST SE, DeMotte, IN 46310
Please **print** clearly

Name of Student _____ Age _____ Minimum of 5 years

Address _____

Name of Parent _____ Phone Number _____

Check the level last passed:

- _____ I Have Not Taken Swim Lessons Before
- _____ I am American Red Cross Level 1: Introduction to Water Skills
- _____ I am American Red Cross Level 2: Fundamental Aquatic Skills
- _____ I am American Red Cross Level 3: Stroke Development
- _____ I am American Red Cross Level 4: Stroke Improvement
- _____ I am American Red Cross Level 5: Stroke Refinement
- _____ I am American Red Cross Level 6 A: Personal Water Safety

Class sizes of 4 or less students will be reduced to 30-minute swim lessons.

Parental Authorization

I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participating in any and all activities and programs connected with or associated with this swim lesson. I further recognize and agree that I am solely responsible for and/or assessing whether my children are physically fit and/or adequately skilled for aquatic activities.

I further agree to waive and relinquish all claims I, or my minor child/ward may have (or accrue to me or my child/ward) as a result of use of the DeMotte Parks Department aquatic facilities and programs against the Town of DeMotte Parks & Recreation Department, including its officials, agents, volunteers and employees.

I give my consent for my child to participate in swimming lessons at Spencer Park Pool. Cost is \$45.00 (\$55 out of town) for the first child from immediate family and \$30.00 (\$40 out of town) for each additional child from immediate family. Students will be grouped by ability. In the event of bad weather, you will be notified at the number listed above that lessons are canceled for that day. There will be a maximum of two make-up lessons. There will be no refunds for swim lessons unless the student can no attend due to an injury. A doctor's note is required and the lesson will be credited accord to classes attended.

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|--------------------------|-----------|-----------------------------|---------------|
| <input type="checkbox"/> | Session 1 | 6/11/18 – 6/22/18 (Mon-Fri) | 11:00-11:45am |
| <input type="checkbox"/> | Session 2 | 6/25/18 – 7/6/18 (Mon-Fri) | 11:00-11:45am |
| <input type="checkbox"/> | Session 3 | 7/09/18 – 7/20/18(Mon-Fri) | 11:00-11:45am |
| <input type="checkbox"/> | Session 4 | 7/23/18 – 8/3/18 (Mon-Fri) | 11:00-11:45am |

Furthermore, I give permission for my child to receive any necessary medical care in case of emergency. Please list any allergies, illness or physical limitations: _____

Family Physician: _____ Phone: _____

Signed: _____ Date: _____