

# Spring Swim Lessons 2018

Fee: \$50.00/person per session, \$125.00 family of 3 or more; per session

Instructor: Mo Van Moffaert **\*\*\* 5 Lessons \*\*\***

## Session 1 - Tuesdays May 1, 8, 15, 22, 29

Preschool through first grade - 4:30 - 5:15 pm OR 5:15 - 6:00 pm

Second grade and above 6:00 - 6:45 pm

## Session 2 - Fridays May 11, 18, 25 June 1, 8

Preschool through first grade - 4:30-5:15 pm OR 5:15 - 6:00 pm

Second grade and above - 6:00-6:45 pm

## Friday Family Swim 6:45 - 8:00 PM

## Session 3 - Thursdays May 17, 24, 31 June 7, 14

Preschool through first grade - 4:30-5:15 pm OR 5:15 - 6:00 pm

Second grade and above - 6:00-6:45 pm

### RETURN completed registration form TO:

#### WASHINGTON PARKS & RECREATION

PO Box 383, Washington Depot, CT 06794

**\*\*\* DEADLINE \*\* Friday \*\* April 20<sup>th</sup> \*\*\***

#### Checks payable to Washington Parks & Recreation

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PLEASE DETACH, FILL OUT COMPLETELY AND SIGN WHERE INDICATED

Name of Child/Children: \_\_\_\_\_

Circle:

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ Session: 1 2 3 Class Time \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ Session: 1 2 3 Class Time \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ Session: 1 2 3 Class Time \_\_\_\_\_

PARENT'S  
NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Town Zip

EMAIL : \_\_\_\_\_

WHO TO REACH IF PARENTS ARE NOT AVAILABLE: \_\_\_\_\_

### ANY MEDICAL PROBLEMS \_\_\_\_\_

I hereby give permission for my child/children or myself to participate in this program. I will hold harmless the Town of Washington, the Parks & Recreation Commission, Region 12 and any of its agents, directors, employees and supervisors for any responsibility or liability for any injuries or property damage which may arise from my participation or my child's participation in this program. **I also understand that in the event of an injury our own personal medical insurance will be used.** Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participants for promotional purposes and may use our email for program purposes.

NO \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN/ADULT \_\_\_\_\_