



Beacon Recreation Department Beacon Pool Swim Academy Summer 2017

Please complete this form to register for swim classes through Beacon Recreation. All Classes are American Red Cross Learn to Swim Level I. Instructional swim will be approximately 30 minutes followed with a few minutes for free swim and reinforcing the lessons of the day. Class size is limited. Cost per 4 lesson session is \$40.00.

Please review the schedule below to select the classes that best fit your schedule. These classes are for participants new to swimming with an emphasis on gaining confidence and learning how to be safe around water. Parents of children ages 3 and older should plan on remaining present in the University Settlement pool picnic area for the duration of the lesson.



Parent & Child	Ages 6 Months to 3 Years	9:45 AM	Mon. 7/17, Weds.7/19 & Mon. 7/24, Weds. 7/26
Learn to Swim Level I	Ages 3 to 5	10:30 AM	
Parent & Child	Ages 6 Months - 3 Years	9:45 AM	Tues. 7/18, Thurs.7/20 & Tues. 7/25, Thurs. 7/27
Learn to Swim Level I	Ages 6 And Up	10:30 AM	
Parent & Child	Ages 6 Months - 3 Years	9:45 AM	Mon. 7/31, Weds. 8/2 & Mon. 8/7, Weds. 8/9
Learn to Swim Level I	Ages 3 - 5	10:30 AM	
Learn to Swim Level I	Ages 3 - 5	9:45 AM	Tues. 8/1, Thurs. 8/3 & Tues. 8/8, Thurs. 8/9
Learn to Swim Level I	Ages 6 And Up	10:30 AM	

Office Use Only
Total Fees Paid: \$

Register Code: SWIM
Payment Type:

Rec'd by:
Check#

PLEASE FILL OUT OUT BACK OF PAGE- OVER



Beacon Pool Swim Academy 2017 Registration form

Return Form To:
City of Beacon
Recreation
23 West Center Street
Beacon, NY 12508

CLASS	AGE	DAYS	TIME	COST	Select Class (X)
Parent & Child	Ages 6 Months to 3 Years	Mon. 7/17, Weds. 7/19 & Mon. 7/24, Weds. 7/26	9:45 am	\$40.00	
		Tues. 7/18, Thurs. 7/20 & Tues. 7/25, Thurs. 7/27	9:45 am	\$40.00	
		Mon. 7/31, Weds. 8/2 & Mon. 8/7, Weds. 8/9	9:45 am	\$40.00	
Learn to Swim Level I	Ages 3 to 5	Mon. 7/17, Weds. 7/19 & Mon. 7/24, Weds. 7/26	10:30 am	\$40.00	
		Mon. 7/31, Weds. 8/2 & Mon. 8/7, Weds. 8/9	10:30 am	\$40.00	
		Tues. 8/1, Thurs. 8/3 & Tues. 8/8, Thurs. 8/9	9:45 am	\$40.00	
Learn to Swim Level I	Ages 6 and up	Tues. 7/18, Thurs. 7/20 & Tues. 7/25, Thurs. 7/27	10:30 am	\$40.00	
		Tues. 8/1, Thurs. 8/3 & Tues. 8/8, Thurs. 8/9	10:30 am	\$40.00	
Total					

Child's Name:	Date of Birth:
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Parent/ Guardian Information

Name:			
Address:			
City:	State:		Zip:
Home Phone:		Work Phone:	
Cell Phone:		Email:	

Emergency Contact Information

Contact:		Phone:
Alternate Contact:		Phone:

Medical Information:

*Parents of children ages 3 and older should plan on remaining present in the University Settlement pool picnic area for the duration of the lesson. Please make checks payable to: **The City of Beacon***

PARENTAL WAIVER and RELEASE of LIABILITY

In consideration of the City of Beacon, its officers, directors, employees and volunteers furnishing services and/or equipment and/or facilities to enable my child to participate in the Beacon Swim Academy, and/or transportation to and from such activities, I agree as follows:

I fully understand, acknowledge and agree that: (1) there are risks and dangers inherent in participation in such activities and the use of equipment and facilities provided; (2) these risks and dangers may be caused by the negligence of the City of Beacon, its officers, directors, employees and volunteers, the negligence of other participants, the negligence of others, and by accidents, breaches of contract, forces of nature, or other causes; (3) these risks and dangers may arise from foreseeable or unforeseeable causes; and (4) by my child's participation in these activities, I hereby assume all such risks and dangers and all responsibility for any losses and/or damage, whether caused in whole or in part by negligence of the City of Beacon, its officers, directors, employees or volunteers, or by any other person.

I, on behalf of myself, my child, my personal representatives, and my heirs voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the City of Beacon, its officers, directors, employees and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services, personal income and otherwise which may arise out of my child's participation in the proposed activities or use of equipment or facilities provided in connection therewith. I specifically understand I am releasing, discharging and waiving any claims or actions I or my child may have presently or have in the future for all actions, omissions or other conduct by the City of Beacon, its officers, directors, employees and volunteers.

While participating in the forgoing activities offered by the City of Beacon, its officers, directors, employees and volunteers are in no way responsible for loss or damage to personal items, including my vehicle.

I further understand, acknowledge and agree that outdoor sports activities are an athletic activity and require a certain amount of physical fitness. My child does not suffer from chronic wrist, arm, shoulder, neck, back, leg or knee problems, or if they do, I have consulted my physician before their participating in the above mentioned activities. If medication is required for any reason, it is my sole responsibility to bring and administer such medication when participating in the programs offered by the City and to inform the City of Beacon, its officers, directors, employees and volunteers of my child's condition before beginning the above mentioned activities.

I authorize and agree to use by the City of Beacon, its officers, directors, employees and volunteers of any and all photographs which may be taken of any aspect of the program and which may include my or my child's image.

I also hereby grant permission for my child to be transported and treated in the event of a medical emergency if I cannot be reached. Any expenses advanced by the City or its representatives for such care shall be reimbursed upon demand.

I have read the above waiver and release, and by signing it, agree it is my intention to exempt the City of Beacon, its officers, directors, employees and volunteers from liability for personal injury, property damage, and/or wrongful death by negligence or any other cause.

CHILD NAME: _____

PARENT/ GUARDIAN NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____ Date: _____