



Town of Waterbury
 Recreation Department
 28 North Main Street Suite #1
 Waterbury VT 05676
 (802) 244-7174
www.waterburyvt.com

Swim Lesson Registration Form

The Recreation Department is excited to offer a session of Winter Swim Lessons. We will hold the swim lessons in the First and Fitness Pool in Berlin but we will have our Summer Swim instructors teaching the lessons. Get a jump on your summer swim lessons to work your way up the levels faster. Space is limited so register early. If you are unsure of your level contact Deb Fowler, Recreation Director at 244-7174 or recreation@waterburyvt.com. The deadline for registration is Friday Jan. 6, 2017. The course is every Saturday, run in two sessions Jan.14 to Feb.11 then again Mar. 11 to Apr.8.

TIMES	LEVELS	COST
10:05 to 10:35 AM	3/4	Resident \$65
10:40 to 11:10 AM	1/2	Nonresident \$70

Participant Name: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

Parent/Guardian Name (or N/A): _____

Phone Number(s): _____

Emergency Contact: _____ Relationship: _____

Phone Number(s): _____

Allergies/Special Needs: _____

Waiver Agreement: I am fully aware that there are risks of physical injury in participating in sports and recreational activities and hereby give consent for the named applicants to participate in programs offered by the Town of Waterbury. I hereby knowingly and fully hold harmless the Town of Waterbury, its employees, volunteers, instructors, coaches and subcontractors from any and all liability from injury claims and costs, loss of services, damages or loss of personal property for all programs and events. I certify that my child/participant is in excellent health and that there are no limitations to his or her participation except as stated in writing above. Furthermore, in the event of an emergency, accident, injury or illness, and if reasonable effort to contact me has failed, I hereby give the designated emergency contact permission to act as my child's temporary guardian. In addition, in the event of an emergency, accident, injury or illness, I hereby give attending physicians or authorized medical personnel consent and permission to provide my child with any necessary medical treatment including x-rays, immunizations and medication.

Please note: Waterbury Recreation occasionally uses photos of participants, programs, events and activities in promotional materials. By signing below, you grant permission for photographs to be taken of your child during any recreation activities and for the Town of Waterbury to use any photos in advertising and promotional materials without liability.

Signature: _____ Date: _____

Print: _____

****OFFICE USE ONLY****

DATE AMOUNT CASH ()

RECEIVED: ___/___/___ PAID: \$_____ CHECK# _____ **CODE: POLE**