

TOWN OF NEVERSINK PARKS & RECREATION  
SUMMER SWIM PROGRAM REGISTRATION

NAME: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE COMPLETED THIS YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PARENT/GUARDIAN CELL #S: \_\_\_\_\_

PARENT (S) / GUARDIAN (S) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

OTHER INFORMATION: (SCHEDULES, OTHER CONTACTS, ETC.): \_\_\_\_\_

\_\_\_\_\_

PROGRAMS

CHECK THE PROGRAMS BELOW THAT YOUR CHILD EXPECTS TO PARTICIPATE IN THIS SUMMER:

PARENT/CHILD - INFANT/TODDLER AQUATICS:

(6-18 MO.) LEVEL 1 \_\_\_\_\_ (18-24 MO.) LEVEL 2 \_\_\_\_\_ (24-36 MO.) LEVEL 3 \_\_\_\_\_

PRESCHOOL (3 -4) LEVEL 4 \_\_\_\_\_ PRESCHOOL (4-5) LEVEL 5 \_\_\_\_\_

LEARN TO SWIM:

LEVEL 1 \_\_\_\_\_ LEVEL 2 \_\_\_\_\_ LEVEL 3 \_\_\_\_\_

LEVEL 4 \_\_\_\_\_ LEVEL 5 \_\_\_\_\_ LEVEL 6 \_\_\_\_\_

CERTIFICATION CLASSES:

WSIA (LEVEL 5-6) \_\_\_\_\_ GUARD START (11-13 YRS) \_\_\_\_\_

JR. LIFEGUARD (13-14 YRS) \_\_\_\_\_ LIFEGUARDING (15+ YRS) \_\_\_\_\_

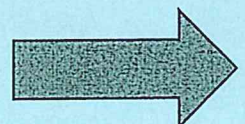
SHALLOW WATER LIFEGUARDING (15+ YRS) \_\_\_\_\_ CPR/AED FPR \_\_\_\_\_

CPR/AED FPR REVIEW \_\_\_\_\_ LIFEGUARDING REVIEW \_\_\_\_\_

STANDARD FIRST AID \_\_\_\_\_ WSI REVIEW (18+) \_\_\_\_\_

WATER SAFETY INSTRUCTOR (16+ YRS) \_\_\_\_\_

**OVER**



**TOWN OF NEVERSINK PARKS & RECREATION  
PARENTAL RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK  
& CONSENT FORM**

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the sport and/or event designated below.

- I understand that there are certain risks of injury inherent in the practice and play of this sport/activity, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport/event and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.
- In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its directors, officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the sport/event and the activities incidental thereto, whether the result of negligence or any other cause.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_

STREET/MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ PARENT'S CELL NUMBER(S) \_\_\_\_\_

NUMBER WHERE PARENT CAN BE REACHED DURING EVENT TIME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TOWN OF NEVERSINK PARKS & RECREATION**

NAME OF SPONSORING ORGANIZATION

**SWIMMING**

DESIGNATED SPORT/EVENT