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:
HAVE YOU EVER PARTICIPATED	IN OUR SWIM PROGRAM BEFORE? YES NO
OTHER INFORMATION: (Schedule	es, other contacts, day or time constraints etc.):
	is registering for. After Level 1, prerequisite is passing the previous level of must have a parent or guardian in the water with the child)
	CHILDREN 6 – 36 months – Classes will be at the Grahamsville Pool 18-24 months 24-36 months
	years – Will be at the Neversink Pool – if space allows 4 years 5 years
***LEARN TO SWIM AGES 5+ years Level 1 Level 2	or completed kindergarten – Will be at the Neversink Pool
***LEARN TO SWIM – Will be at th	
***CERTIFICATION CLASSES – Will	<mark>be at the Grahamsville Pool</mark>
Guard Start (11-14 yrs.)	WSI Aide (Level 6)
Jr. Lifeguarding (13-14 yrs.)	WSI Instructor (16+ yrs.)
Shallow Water Lifeguard (15+ y	rs.) WSI Review (18+ yrs.)
Lifeguarding (15+ yrs.)	CPR/AED for the Professional Rescuer
Lifeguarding Review (17+ yrs.)	CPR/AED Review
Lifeguard Management	Standard First Aid
Shallow Lifeguarding Review (17	7+ yrs.) Waterfront Lifeguard

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 COMP	PLETED		
STREET/MAILING ADDRESS	and towns, where these prices are already supply styles found makes being points about more supply styles are		
CITY			
HOME PHONE NUMBER	PARENT'S CELL NUMBI	ER(S)	
NUMBER WHERE PARENT CAN BE REAC	HED DURING EVENT TIME _	· · · · · · · · · · · · · · · · · · ·	
E-MAIL ADDRESS			
Please list any physical limitation (allerg	gies, hearing, sight, etc.) _		
			*
PARENT/GUARDIAN SIGNATURE		DATE	 _

TOWN OF NEVERSINK PARKS & RECREATION

NAME OF SPONSORING ORGANIZATION

SWIMMINGDESIGNATED SPORT/EVENT