

REGISTRATION FORM

(complete reverse side first)

Child's name _____ Age _____

Level (circle) :

Toddler I II III IV V&VI

CHOICE 1: Day _____ Time _____

CHOICE 2: Day _____ Time _____

CHOICE 3: Day _____ Time _____

WAIVER IN CASE OF INJURY

(must be completed for children to be registered for lessons)

As the parent/guardian of the above participant (s), I hereby volunteer to relinquish any right to claim against the Town of Lancaster, the Parks & Recreation Department, or its elected officials or employees , any damages to property or personal injury that may be incurred or suffered during participation in the scheduled lessons taking place in designated pool used by the program, unless such damage to person or property shall be incurred or suffered through the negligence of the Town of Lancaster or the Parks & Recreation Department and its elected officials, employees or appointees.

I the parent or guardian of the above mentioned child (ren), give my permission for my son (s) or daughter (s) to participate in the above mentioned swimming lessons and fully understand the stipulation of the contract.

Parent/Guardian Signature

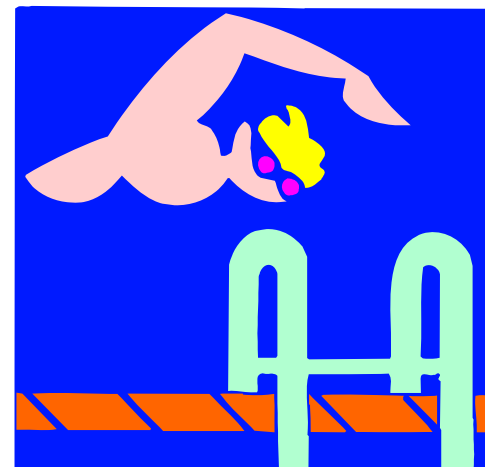
Date

You will receive written confirmation in the mail regarding your child's lesson times.

**Town of Lancaster
Parks & Recreation Department
525 Pavement Road
Lancaster, NY 14086**



**525 Pavement Road
Lancaster, NY 14086
684-3320**



**Fall
Swim Lessons
2009**

Winter Swim Lessons

Swimming lessons are open to residents of the Town or Village of Lancaster and the Lancaster Central School District.

The cost of lessons is \$5 per child. Payment must be included with your registration form. Checks may be made payable to "Town of Lancaster".

To register your child, please complete the registration form completely and **MAIL IT** with your check to the **Lancaster Parks and Recreation office, attention Swimming Lessons, 525 Pavement Road, Lancaster, NY 14086.**

PAYMENT DUE September 23, 2009!!



Due to the increasing number of children registering for swimming lessons, **please mail your registration form as soon as possible.**

You will receive a confirmation letter in the mail stating which class your child was placed in.

Also, children who are Town or Village of Lancaster residents are required to bring their Recreation photo ID with them to the first class as proof of residency. School district only residents should bring their driver's license.

Recreation photo ID cards are **free of charge** and may be obtained at the Parks and Recreation office during business hours.

If you have any questions, please call Sam or Brian at the Parks and Recreation office at 684-3320.

LOCATION

Lancaster High School Pool WINTER SESSION

(Choose Monday or Thursday)

Mondays Sept.28th—Dec. 14th

Thursdays Oct. 1st—Dec. 17th

***Please note: If Lancaster Schools are closed due to holidays or inclement weather, swimming lessons are also canceled.**

MONDAY SCHEDULE

6:30 p.m. – 7:15 p.m. Level I & Toddler

7:15 p.m. – 8:00 p.m. Level I & II

8:00 p.m. – 8:45 p.m. Level III & IV

THURSDAY SCHEDULE

6:30 p.m. – 7:15 p.m. Level I & Toddler

7:15 p.m. – 8:00 p.m. Level I & II

8:00 p.m. – 8:45 p.m. W/S & V\VI

Toddler: (ages 6 mo. - 3 years) Parent & child introduction to water. Limit one child per parent/guardian.

Level I: Ages 3years and older. This level is an introduction to the water.

Level II: (ages 5 & up) Emphasis on learning beginner strokes. No flotation devices permitted.

Advised to Bring Goggles, Levels III and Up

Level III: (ages 6 & up) Introduction to strokes (front crawl, backstroke) and diving.

Level IV: (Advanced Beginner): Introduction to competitive strokes. Swimmer must know how to dive, complete the front crawl stroke with rhythmic breathing, and back stroke.

Level V\VI: For the swimmer who has had an introduction to competitive strokes. Swimmer must know how to dive, complete the breaststroke, front crawl stroke, and back-stroke.

Water Safety: an introductory to junior life guarding. Swimmer must possess strong swimming skills and knowledge of all required strokes.

REGISTRATION FORM

Parent's name _____

Address _____

Town _____ Phone _____

Child's name _____ Age _____

Level (circle):

Toddler I II III IV V\VI

CHOICE 1: Day _____ Time _____

CHOICE 2: Day _____ Time _____

CHOICE 3: Day _____ Time _____

Child's name _____ Age _____

Level (circle):

Toddler I II III IV V\VI

CHOICE 1: Day _____ Time _____

CHOICE 2: Day _____ Time _____

CHOICE 3: Day _____ Time _____

**Complete, detach and mail
payment of \$5 per child by**

Sept. 23,2009

PLEASE FILL IN ALL 3 CHOICES

Checks made payable to "Town of Lancaster"