

# Fall Swim Lessons 2018

**Fee:** \$50.00/person per session, \$125.00 family of 3 or more; per session

Instructor: Kelly Norris **\*\*\* 5 Lessons \*\*\***

**Tuesdays - October 16, 23, 30, November 6, 13**

Preschool through first grade - 4:30-5:15 pm OR 5:15 - 6:00 pm

Second grade and above - 6:00-6:45 pm

**Classes will be limited to 10 students. Space is limited and will fill quickly.**

**Please do not wait to register.**

**RETURN completed registration form TO:**

**WASHINGTON PARKS & RECREATION**

PO Box 383, Washington Depot, CT 06794

**\*\*\* DEADLINE \*\* Wednesday \*\* October 10<sup>th</sup> \*\*\***

**Checks payable to Washington Parks & Recreation**

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PLEASE DETACH, FILL OUT COMPLETELY AND SIGN WHERE INDICATED

Name of Child/Children:

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ **Class Time** \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ **Class Time** \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ **Class Time** \_\_\_\_\_

PARENT'S  
NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Town Zip

**EMAIL :** \_\_\_\_\_

WHO TO REACH IF PARENTS ARE NOT AVAILABLE: \_\_\_\_\_

ANY MEDICAL PROBLEMS \_\_\_\_\_

I hereby give permission for my child/children or myself to participate in this program. I will hold harmless the Town of Washington, the Parks & Recreation Commission, Region 12 and any of its agents, directors, employees and supervisors for any responsibility or liability for any injuries or property damage which may arise from my participation or my child's participation in this program. **I also understand that in the event of an injury our own personal medical insurance will be used.** Unless indicated hereafter, the Washington Parks & Recreation Commission may use photographs including the above-named participants for promotional purposes and may use our email for program purposes.

NO \_\_\_

SIGNATURE OF PARENT OR GUARDIAN/ADULT \_\_\_\_\_