

# Spring Swim Lessons 2017

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

Instructor: Mo Van Moffaert **\*\*\* 5 Lessons \*\*\***

## Session 1 - Fridays March 24, 31 April 7, 21, 28

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

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

**Friday Family Swim 6:45 - 8:00 PM**

## Session 2 - Tuesdays April 18, 25 May 2, 9, 16

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

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

## Session 3 - Mondays May 8, 15, 22 June 5, 12

Preschool through first grade - 3:30-4:15 pm OR 4:15 - 5:00 pm

Second grade and above - 5:00-5:45 pm

## Break Week - Monday-Thursday April 10, 11, 12, 13

Preschool through first grade - 1:00-1:30 pm or 1:30-2:00 pm

Second grade and above - 2:00-2:30 pm

**(half classes this week only - \$20 fee for 4 class session)**

**RETURN** completed registration form TO:

### WASHINGTON PARKS & RECREATION

PO Box 383, Washington Depot, CT 06794

**\*\*\* DEADLINE \*\* Friday \*\* MARCH 17<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: \_\_\_\_\_

Circle:

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ Session: 1 2 3 Break Class Time \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ Session: 1 2 3 Break Class Time \_\_\_\_\_

\_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ Session: 1 2 3 Break 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 \_\_\_\_\_