



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Bennington Recreation Center 2019-2020 Swim Lessons

Last Name: _____ First Name: _____

Address: _____ City: _____ State _____ Zip _____

Date of Birth: _____

Age: _____

Membership Expire Date: _____

Name of Parents/Guardians: _____

Phone (H): _____ Phone (C): _____

Email: _____

Emergency Contact: _____

Phone (H): _____ Phone (C): _____

Name:	Level:	Dates:	Times
	Parent and Child (MON & WED)	OCT. 1 st -NOV.7 th _____ NOV. 12 th - DEC 19 th _____ JAN. 7 th - FEB. 13 th _____ MAR. 3 rd -APR 9 th _____	4:00PM-4:30PM 4:00-4:30PM 4:00-4:30PM 4:00-4:30 PM
	Level 1- Intro to Aquatics (TUE & THUR)	OCT. 1 st -NOV.7 th _____ NOV. 12 th - DEC 19 th _____ JAN. 7 th - FEB. 13 th _____ MAR. 3 rd -APR 9 th _____	4:00PM-4:30PM 4:30-5:00PM 4:00-4:30PM 4:30-5:00 PM
	Level 2- (TUE & THUR)	OCT. 1 st -NOV.7 th _____ NOV. 12 th - DEC 19 th _____ JAN. 7 th - FEB. 13 th _____ MAR. 3 rd -APR 9 th _____	4:30PM-5:00PM 4:00-4:30PM 4:30-5:00PM 4:00-4:30 PM
	Level 3 (TUE & THUR)	OCT. 1 st -NOV.7 th _____ NOV. 12 th - DEC 19 th _____ JAN. 7 th - FEB. 13 th _____ MAR. 3 rd -APR 9 th _____	4:30PM-5:00PM 4:00-4:30PM 4:30-5:00PM 4:00-4:30 PM
	Level 4/5 (TUE & THUR)	OCT. 1 st -NOV.7 th _____ NOV. 12 th - DEC 19 th _____ JAN. 7 th - FEB. 13 th _____ MAR. 3 rd -APR 9 th _____	4:00PM-4:30PM 4:30-5:00PM 4:00-4:30PM 4:30-5:00 PM

*** Min 5 children must be enrolled to run. Class dates/times may change to accommodate enrollment. ***

WAIVER/RELEASE

1. I certify that my children are in normal health and capable of participating in the Bennington Recreation Center swim lessons program. I do acknowledge the risk of injury is possible. I grant permission for my children to play and in doing so I hereby release all rights and claims for injuries and damages I may have against the Bennington Parks and Recreation Department, managers, employees, officials, volunteers and coaches. If medical attention is required, I give my permission for such medical care when either the emergency contact person or I cannot be notified. I understand that the Town of Bennington Parks and Recreation Department does not carry accident insurance on program participants.

2. I agree the Bennington Recreation department may photo or videotape my child and use it for its promotion.

3. Parents are responsible for providing transportation for their child to/from this class.

Parent/Guardian's signature

Date