

**TOWN OF GREENFIELD RECREATION
PO BOX 256
GREENFIELD, NH 03047**

SWIMMING REGISTRATION FORM

Program: **2015 SWIMMING LESSONS. Resident Lessons are free.**

Non-residents are welcome to take lessons for a fee of \$30.00/child, (non-refundable) please call Aaron Patt at 547-3442 x1 for more information. Make checks payable to the Town of Greenfield – PO BOX 256 – Greenfield, NH 03047

Children must be 4 years or older. Lessons will run from 10:00 am - 2:00pm.

Session Dates: July 27th – August 24th daily

Swimming lesson experience _____

Participant's Name _____ Gender _____ Birth Date _____ Age _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____ Other: _____

If minor:
Primary Guardian: _____ Relationship: _____ Email: _____

EMERGENCY CONTACT INFORMATION:

Should we be unable to contact you or your spouse in the event of an emergency, please list an alternate adult we may contact:

Name: _____ Relationship: _____ Phone: _____

Address: _____ City _____ Zip _____

MEDICAL INFORMATION:

Family/Child's Dr. _____ Address: _____ Phone: _____

Allergies:

Special limitations or concerns/Chronic health conditions _____

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my, and/or my child's, ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Greenfield, its officers, employees, agents, volunteers, and supervisors from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give permission for the agents, servants, employees, and officials to the Town of Greenfield to use their sole discretion in seeking and providing treatment for me and/or the child by qualified medical personnel in the event that the above named parent/guardians listed above cannot be reached at the phone numbers provided. I certify that documentation of physical examination and immunization in accordance with public school health requirements and lead poisoning screening in accordance with health requirements are on file at my child's school.

Parent/Guardian Signature _____ Date _____

YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM OR YOUR APPLICATION WILL NOT BE PROCESSED

This is not a ConVal Sponsored Event