



SUMMER SWIMMING LESSONS 2019

Childs Name: _____ M or F _____ Age: _____ DOB: _____
 Parent(s) or Guardian Name: _____
 Address: _____ City: _____ Zip: _____
 Contact Phone(s): _____ Email: _____

Fees: \$40.00 per child per session for Community Center Members (*must hold 6 month or annual family membership*). Non-members - \$60.00 per child per session. Fees are non-refundable.

Check Session Preference Monday-Thursday: **Check Preferred Time:**
(Two consecutive weeks/30 minutes each class)

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| _____ Session 1: May 6-May16

_____ Session 2: June 3-June 13

_____ Session 3: June 17-June 27

_____ Session 4: July 1-July 12
<i>Off July 3&4, Make Up Friday July 5&12</i>

_____ Session 5: July 15-July 25

_____ Session 6: July 29-August 8th | * _____ A. 9:15am-9:45am
<u>@ Cabot Aquatic Park</u>
*(June & July Session Only)

* _____ B. 2:15pm -2:45pm
<u>@ Community Center</u>
*(June & July Session Only)

_____ C. 6:15pm-6:45pm
<u>@ Community Center</u> |
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DO NOT EAT AT LEAST ONE (1) HOUR BEFORE LESSONS

❖ Please list any special needs or medical conditions/allergies _____
 I grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in any CPRC activity.

Signature of Parent or Guardian: _____ **Date:** ____/____/____

A \$25.00 administrative fee will be assessed to anyone withdrawing from a class.
 If a class is missed for any reason without prior notification, refunds will not be issued.

Receipt #: _____