

MENDON TOWN BEACH SWIM PROGRAM REGISTRATION 2008

CHILD'S FULL NAME: _____
 NICKNAME: _____ AGE: _____ DATE OF BIRTH : _____
 ADDRESS: _____ CITY/ST/ZIP _____
 LEGAL GUARDIAN: _____
 HOME PHONE: _____ CELL PHONE: _____
 WORK PHONE: _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT (IN THE EVENT WE CAN NOT CONTACT LEGAL GUARDIANS) _____ PHONE: _____

DOCTOR'S NAME: _____ PHONE: _____
 ALLERGIES: _____

PLEASE INDICATE BELOW, THE SESSION YOU WOULD LIKE TO SIGN UP FOR, PLEASE BE AWARE THAT CLASS SIZE IS LIMITED AND AVAILABILITY IS ON A FIRST COME BASIS. SESSION WILL BE RESERVED WHEN PAYMENT IS RECEIVED IN FULL.

Swim Lesson Session Schedule

Check all that apply

Session I: June 23 – July 3 (closed July 4 th)
<input type="checkbox"/> 9 AM – Level 6
<input type="checkbox"/> 9:40 AM – Levels 3 & 5
<input type="checkbox"/> 10:20 AM – Levels 2 & 4
<input type="checkbox"/> 11:00 AM – Level 1
Session II: July 7 – July 18
<input type="checkbox"/> 9 AM – Level 6
<input type="checkbox"/> 9:40 AM – Levels 3 & 5
<input type="checkbox"/> 10:20 AM – Levels 2 & 4
<input type="checkbox"/> 11:00 AM – Level 1
Session III: July 21 – August 1
<input type="checkbox"/> 9 AM – Level 6
<input type="checkbox"/> 9:40 AM – Levels 3 & 5
<input type="checkbox"/> 10:20 AM – Levels 2 & 4
<input type="checkbox"/> 11:00 AM – Level 1
Session IV: August 4 – August 15
<input type="checkbox"/> 9 AM – Level 6
<input type="checkbox"/> 9:40 AM – Levels 3 & 5
<input type="checkbox"/> 10:20 AM – Levels 2 & 4
<input type="checkbox"/> 11:00 AM – Level 1

- SESSION RATE IS \$40.00 PER CHILD WITH A \$120 FAMILY CAP PER SESSION FOR MENDON RESIDENTS. \$50.00 PER CHILD FOR NON-RESIDENTS (FAMILY CAP DOES NOT APPLY TO NON-RESIDENTS).
- ALL CHECKS MUST BE MADE PAYABLE TO THE **TOWN OF MENDON**
- PAYMENTS ARE DUE PRIOR TO THE START OF THE SESSION YOUR CHILD IS ATTENDING TO ENSURE A SPOT BE HELD; **ALL PAYMENTS ARE NON-REFUNDABLE**
- PAYMENTS CAN BE DROPPED OFF TO THE MENDON PARKS DEPARTMENT LOCATED IN THE TOWN HALL

(OVER)

CHILD'S NAME: _____

IT IS THE RESPONSIBILITY OF THE PARENT TO ENSURE THAT ANY CHILD UNDER THE AGE OF 12 IS ACCOMPANIED BY AN ADULT.

THE FOLLOWING IS A LIST OF PERSONS AUTHORIZED BY ME TO ACCOMPANY MY CHILD/CHILDREN, PHOTO ID WILL BE REQUIRED:

NAME AND SIGNATURE

NAME AND SIGNATURE

I UNDERSTAND I AM GIVING PERMISSION TO THE MENDON TOWN BEACH SWIM PROGRAM TO RELEASE MY CHILD TO THE SPECIFIED PERSONS LISTED ABOVE IN THE EVENT I AM NOT ABLE TO ACCOMPANY HIM/HER. PRIOR CONSENT WILL BE GIVEN IN THE EVENT OF AN EMERGENCY, BY PHONE TO THE DIRECTOR OR ASSISTANT DIRECTOR OF THE PROGRAM.

CONSENT FOR MEDICAL TREATMENT OF A MINOR:

AS PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED CHILD, I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE PRESCRIBED BY A DULY LICENSED DOCTOR OF MEDICINE OR A DOCTOR OF DENTISTRY. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE LIFE, LIMB, OR WELL BEING OF MY DEPENDENT.

KNOWN MEDICAL CONDITIONS: _____

INSURANCE PROVIDER: _____ **ID# NUMBER** _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PLEASE RETURN THIS FORM WITH FULL PAYMENT TO:

Mendon Parks Department
Town Hall
20 Main Street
Mendon, MA 01756

***WE MAY PHOTOGRAPH YOUR CHILD FOR PUBLICITY PURPOSES, IF YOU DO NOT WISH TO HAVE YOUR CHILD PHOTOGRAPHED, PLEASE NOTIFY THE DEPARTMENT IN WRITING.

Mendon Parks Department, (508) 473-0600 or mendonparksdept@comcast.net