



Payments should be made payable to:

City of Gardner

Send checks and registration to:

Debra A. Pond
Director of Human Resources
95 Pleasant Street, Rm. 226
Gardner, MA 01440

Payment of \$75.00 per session (week day classes) \$75.00 per session (Saturday classes) is due upon Registration. Registrations with payment are taken on first come, first serve basis as Class space is limited.

Lessons are held rain or shine with the exception of thunder storms. Children are encouraged to wear wetsuits for cooler days.

**Please indicate (circle) what class & session
Your child will be taking.**

2021 SWIM LESSONS

GREENWOOD MEMORIAL POOL

Skill level: please circle one

Beginner I, Beginner II,

Adv. Beginner/Intermediate:

Mon-Tue-Wed session – 9:45-10:30 AM

Water bug I, Water bug II, & Water bug III:

Mon-Tue-Wed- session 10:30-11:15 AM

WEEK DAY SESSIONS: The cost for each session is \$75.00. Each session includes 6 classes, which take place Mon-Tue-Wed: (Thurs make-up day only if we have to cancel due to inclement weather).

Session I – June 28, 29, 30 July 5, 6, 7, 2021

Session II – July 12, 13, 14, & 19, 20, 21, 2021

Session III- July 26, 27, 28, & August 2, 3, 4, 2021

SATURDAY ONLY SESSIONS: \$75.00 6 classes:

June 26, July 3, 10, 17, 31, August 7, 2021

Beginner II & Advanced Beginner

Sat-Session- 9:30 – 10:15 AM

Beginner I, Saturday-Session-10:15-11:00 AM

Water bug I, Water bug II, & Water bug III:

Sat- session 11:00-11:45 AM





REGISTRATION FORM:

Child's Name _____ Child's Age _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Cell Number _____

E-mail address _____

Emergency Contact _____ Phone _____

RELEASE AND WAIVER OF CLAIM:

Please print) I, _____ Parent/legal guardian of child _____

I hereby acknowledge and agree that in consideration of his/her being permitted to participate in the Aquatics Program offered by the City of Gardner,

- I. I understand and acknowledge the risks inherent with the activities carried on under the program, and hereby accept and assume all such risks which I or the participating youth for whom I act as guardian may be exposed;
- II. I am sufficiently informed to represent to the City that the participant does not suffer any condition that may affect my or his/her ability to safely participate in the program. I also acknowledge that the City reserves the right to required medical certificate in respect to my or his/her ability to participate;
- III. I have carefully read and understand clearly that by signing this Release and Waiver of Claim, I will be forever prevented from suing or claiming against the City of Gardner or any employee, agent, Parks Board member or officer thereof for any property loss or personal injury that I or the youth may suffer while participating in the program;
- IV. I also acknowledge that the City of Gardner would not permit me or him/her to participate unless I signed this Release and Waiver of Claim and agreed to comply with the rules and regulations as set out by the City of Gardner.

Date: _____ 20____ Signature: _____

Witness: _____

MEDICAL INFORMATION: Are there any medical problems the Staff should be aware of?

Allergies _____ Asthma _____ Diabetes _____ Epilepsy _____ Insect Stings _____ Other _____

Medications, Please List: _____

PLEASE SEE THE CITY WEBSITE FOR COMPLETE DETAILS: WWW.GARDNER-MA.GOV

OFFICIAL USE ONLY: Payment due: _____ Date paid _____ Method of payment: Cash _____ Check# _____