

County Commissioners of Kent County, MD * Department of Parks & Recreation

11041 Worton Rd., P.O. Box 67, Worton, MD 21678 * info@KentParksAndRec.org
KentParksAndRec.org * Facebook.com/KentCountyCommunityCenter * Facebook.com/KentParksAndRecMD

Youth Swim Lesson Registration

Please note that this may be the initial registration form, and depending on the program, additional forms may be required.
Your spot will be held pending the completion of the additional forms (if applicable).

Registration Policies:

- 1. Please complete one (1) registration form for each participant and mail with payment, or for a nominal fee, register online at KentParksAndRec.org or register in person at the Community Center (no form required).
2. Registration must be completed in its entirety to be accepted.
3. Registration is accepted on a first come first served basis.
4. Refunds for all programs are subject to a \$5 processing fee and may take up to two (2) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

FOR OFFICE USE ONLY

Date Received: _____
Time Received: _____
Staff Initials: _____

If mailing registration, please mail form with payment to Kent County Parks and Recreation, 11041 Worton Rd, P.O. Box 67, Worton, MD 21678

Participant First & Last Name / Nick Name (if any): _____ / _____

M/F: [] Age: [] Date of Birth: [] / [] / [] Email: _____
(Very important to be able to contact you with updates - please print clearly)

Parent/Guardian Full Name (if applicable): _____

Parent/Guardian Full Name (if applicable): _____

Physical and Mailing Address: _____

Kent County Resident: Yes / No City, State: _____ Zip Code: _____
***** (Must be Answered; Will be Verified) *****

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact/ Relationship: _____ Phone Number: _____

Medical/Health Information
Does the participant have any allergies? (If yes, please list) _____

Does the participant take any medications? (If yes, please list) _____

Does the participant have any behaviors that staff should be made aware (ADHD, ADD, ODD, etc.)? _____

Does the participant have any medical conditions staff should be made aware (Diabetes, Epilepsy, Asthma, Heart Conditions, Frequent Ear Infections, Fevers, etc.)? _____

Medical Insurance Carrier: _____ Group/Policy #: _____

Fee: \$ _____ Make Check or Money Order payable to County Commissioners of Kent County, MD

Registration fee must accompany registration form to secure spot. If applying for a scholarship, fully completed application and all required supporting documents must accompany registration form.

Emergency Contacts * Must be provided to reach during program hours if needed.

Please list two (2) persons, other than the parent/guardian.

Emergency Contact #1 Name: _____
Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: _____
Name Relationship to Child Phone Numbers

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and I am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing County Commissioners of Kent County, its officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the County Commissioners of Kent County from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of County Commissioners of Kent County its officers, directors, employees, and agents. I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

Participant Signature _____ Date _____ Parent/Guardian Signature (if under 18) _____ Date _____

FOR OFFICE USE ONLY

Amount Paid: \$ _____ Date: _____ Cash/Check #: _____ Staff Initials: _____ Conf Date: _____
Scholarship: _____ Date Entered in ActiveNet: _____ Initials of Staff: _____
Date Withdrawal Form Received: _____ Refund Date (if applicable): _____ Office Manager Initials: _____
Amount Refunded: _____ Date Refund Submitted to Finance Department: _____
If any part of the Registration Fee is retained by the Department, please explain: _____

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Youth Swim Lesson Skills Assessment

This form must be completed and submitted at time of registration in order to determine class time.

After review of this assessment by the Program Coordinator, a Parks and Recreation staff will contact the parent/guardian to advise of the class time the child will be assigned for the two-week program.

Child's First and Last Name:

Age:

Date of Birth:

Please check (1) box below that most accurately describes your child's abilities. Only (1) box may be selected.

No formal introduction to swimming on any of the levels below

____ Beginner
Unskilled Non-Swimmer

Knows basic water safety rules
Knows how to use a life jacket
Can submerge mouth, nose and eyes
Can open eyes underwater and pick up a submerged object
Can swim on front and back using arm and leg actions
Can recognize a swimmer in distress and get help
Can exhale underwater
Can float on front and back

____ Intermediate
Introductory
Shallow Water Non-Swimmer

Can move in the water while wearing a life jacket
Can submerge entire head
Can glide on the front and back
Can tread water using arm and leg motions
Can recognize a swimmer in distress and get help
Can bob in water
Can do a jellyfish float (in a ball)
Can swim using combined stroke on front and back

____ Intermediate
Fundamental
Shallow Water Comfortable

Can perform a reaching assist
Can submerge and retrieve an object
Can glide on front and back
Can do the back and front crawl
Can perform the kneeling or standing dive
Can breathe side to side in horizontal position
Can perform the survival float, back float
Can do the butterfly kick and body motion

____ Intermediate
Stroke Development
Shallow Water Comfortable

Knows the rules of safe diving
Can dive from the stride position or shallow dive
Do survival float and back float
Knows elementary backstroke
Can perform breaststroke
Can perform butterfly
Can perform a throwing assist
Can perform a feet-first surface dive
Can do front and back crawl

____ Advanced
Stroke Development
Chest-Deep Water Comfortable

Survival Swimming
Perform a standing dive
Can do open turns on front and back
Front and back crawl
Can do Perform rescue breathing
Can perform tuck surface dive and pike surface dive
Can perform front flip turn
Can perform backstroke flip turn
Can perform elementary backstroke
Can perform butterfly
Can perform breaststroke

____ Advanced
Stroke Development
Deep Water Comfortable