

Kent County Parks & Recreation

P.O. Box 67, Worton, MD 21678
410-778-1957 or 410-778-1948
www.kentparksandrec.org

2008 Swim Lesson Registration

Please Print Clearly

Child's Name: _____ Nick Name: _____

Grade 2008-09: _____ Age (at start of desired session): _____ DOB: _____ Gender: Male/ Female

Mailing Address: _____
Street/ P.O. Box – Where mail is delivered City/ State/ Zip Code

Parent/ Guardian Name: _____

Home Phone: _____ Work/ Other Phone: _____

Emergency Contact (other than parent/guardian): _____

Emergency Contact Phone Numbers: _____
Home Other

Check Desired Session(s):	<input type="checkbox"/> Session I: July 7 th – 17 th
	<input type="checkbox"/> Session II: July 21 st – 31 st
	<input type="checkbox"/> Session III: August 4 th – 14 th

Prior to the start of each session, participants must be evaluated by our American Red Cross Water Safety Instructor. Participants will be placed in the group that best suits their skill level as determined by the instructor at the time of the evaluation. This is done to ensure all participants will be given the most effective and rewarding lessons possible. To set up a time for the evaluation, please contact Will Hughes at (410)778-1957 or whughes@kentgov.org. Once evaluated, groups and times are as follows:

- Group I (Level I, II, & III swimmers): 9:30 AM – 10:15 AM Mon. – Thur.
- Group II Level IV & V swimmers): 10:30 AM – 11:15 AM Mon. – Thur.

Level descriptions below will be used as a tool in determining group placement on the evaluation date:

- Level I** Non-swimmer; very afraid; shallow water
- Level II** Non-swimmer; very afraid; swims with floats
- Level III** Unskilled beginner; shallow water; swims independently for short distances
- Level IV** Beginner swimmer; deep water; swims 20 yards non-stop & is confident in water 10' deep
- Level V** Experienced swimmer; deep water; swims at least 50 yards non-stop using the crawl & elementary back stroke

Release & Waiver	
In consideration of my child being accepted into this program, I agree to release & discharge Kent County, its employees & agents against any & all claims, costs, liabilities, expenses, injury, loss or judgment arising from my child's participation in this program. It is also understood that Kent County, its employees & agents can not be held responsible for any aggravation or injury caused as a result of a pre-existing condition, including but not limited to allergies. Kent County will be notified of any such conditions or sensitivities in writing prior to enrolling in this program. My signature below indicates that my child is in good health & has no condition that could endanger his/her well-being through participation. In addition, I give permission for my child to be photographed or videotaped for the purpose of archives & advertising.	
Parent/ Guardian Signature: _____	Date: _____

KCPR STAFF USE ONLY

Fee: \$35 Date Paid: _____ Cash/ Check #: _____ Staff Initials _____