



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. 14  
Gardner, MA 01440

**Payment of \$60.00 per session (week day classes)  
\$60.00 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.**

# 2019 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 \$60.00.** 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 24, 25, 26 July 1, 2, 3, 2019

**Session II** – July 8, 9, 10, & 15, 16 17, 2019

**Session III-** July 22, 23, 24, & 29, 30, 31, 2019

**SATURDAY ONLY SESSIONS: \$60.00** 6 classes:  
June 29, July 6, 13, 20, 27, Aug 3, 2019

**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](http://WWW.GARDNER-MA.GOV)**

**OFFICIAL USE ONLY:** Payment due: \_\_\_\_\_ Date paid \_\_\_\_\_ Method of payment: Cash \_\_\_\_\_ Check# \_\_\_\_\_