



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 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. Wetsuits can be purchased @ [swimoutlet.com](http://swimoutlet.com).

# 2022

## SWIM LESSONS

### GREENWOOD MEMORIAL POOL

**Skill level: please circle one**

**Beginner I, Beginner II,  
Adv. Beginner/Intermediate:**  
Mon-Tue-Wed session 9:45 AM - 10:30 AM

**Water Bug I, Water Bug II, & Water Bug III:**  
Mon-Tue-Wed session 10:30 AM - 11:15 AM

**WEEKDAY SESSIONS: The cost for each session is \$75.00.** Each session includes 6 classes, which take place Mon-Tue-Wed

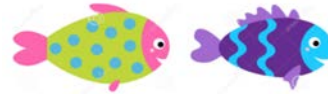
(Thurs will be a make-up day *only* if we must cancel due to inclement weather).

**Session I** – June 27<sup>th</sup>, 28<sup>th</sup>, 29<sup>th</sup>  
July 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 2022

**Session II** – July 11<sup>th</sup>, 12<sup>th</sup>, 13<sup>th</sup>  
July 18<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup>, 2022

**Session III**– July 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>  
August 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 2022





## 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# \_\_\_\_\_