

2016 Madison Swim Program

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**Sign up:** Thursday, June 30<sup>th</sup> from 2 - 4PM at Foot of the Lake Beach sign up/assessment if your child **does not** have a valid card from last class completed

*Lesson Dates: July 5<sup>h</sup>- 28th 2016 (Monday – Thursday except 1<sup>st</sup> week is Tuesday – Friday)*

*Time: Level I starts at 2PM*

*Place: Foot of the Lake Beach on Silver Lake located across from 504 East Shore Dr - Madison, NH*

Signup Deadline: for previous students is Thursday June 30th 2016 – by 4pm at the Madison Town Hall



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2016 Madison Swim Lessons will begin with sign up/assessment on Thursday, June 30th from 2 - 4 PM at the Foot of the Lake Beach, or sign up at the Town Hall if bad weather by 4pm. This time is for those who **do not** have a valid card from last class completed, or if you do not know what level your child should be, or need to know what time your level might begin. Your child must be out of diapers, and be able to follow simple directions given verbally. Parents must get in water with the very little ones. Classes officially **begin on Tuesday, July 5th** beginning at 2PM. The **classes are ½ hour long** each, and begin with the “little cuttas” in Level One. The program will run **Monday - Thursday, thru July 28th**. Rain days will be made up on Friday July 29th & Monday August 1st, same timeframe. No cost for Madison Residents (Nonresidents fee \$35). Folks can **sign up at the Madison Town Hall (M-TH 8AM-4PM)** if not attending the sign up/assessment day on June 30th. The Swim Instructor is Lois Neal; she teaches Red Cross WSI - Lois has taught Madison residents since 2001.

Please contact the Town Hall at 367-4332 ext. 300 (Linda) or ext. 303 (Su).

Attached is an application to complete, including a space for the last level of swim lessons your child completed. This will help us place your child at the appropriate level. Once your child’s level is known an allotted time for the remainder of the season will be set. We would like all applications at Town Hall by 4pm June 30th. However, registration can be done at the testing on June 30th

The sign up paperwork must be completed before attending any class!

Parents are being asked to supervise their children during the lesson period.

TOWN OF MADISON

2016 Swim Program

P.O. Box 248
Madison, NH 03849

603-367-4332 x 300/303

Fax # 603-367-4547

Swim Program 2016 REGISTRATION FORM

NAME OF CHILD _____ Age _____

PARENT/GUARDIAN _____

Last level past _____

MAILING ADDRESS _____

PHONE NUMBER _____ WORK _____ CELL _____

DURING THIS PROGRAM I CAN BE REACHED AT _____

EMERGENCY CONTACT PERSON AND # _____

MY CHILD IS TO ONLY BE PICKED UP BY _____

IF ANY OF THE ABOVE INFORMATION CHANGES AT ALL THIS FORM MUST BE UPDATED.

Date of birth _____ Age _____ Grade _____

Allergies: please list them _____

Date of last physical _____ current shots and tetanus _____

Doctor's name _____ Medical insurance info _____

Any physical limitations _____ Please specify _____

Is your child on any medications _____

It is important that you fill out this registration form completely. It will help in the event of an emergency. All the information is confidential.

In the case of an accident or serious problem, I request the Swim Instructor to contact the above named parent/guardian. If I am unable to be reached, I hereby authorize the Swim Instructor to contact the named emergency contact person. If it is impossible to contact an authorized person, the Swim Instructor may make whatever transportation and medical arrangements necessary. I sign this form with the knowledge of the potential risks in the program.

Parent/guardian signature _____ Date _____

Parent/guardian signature _____ Date _____

TOWN OF MADISON

2016 Swim Program

LIABILITY RELEASE FORM

I understand that my child, _____ (hereinafter "child") is participating in the Town of Madison Swim Program, in which certain dangers and risks may arise, including, but not limited to, physical injury or loss of property. In consideration of the right to participate in the Town of Madison Swim Program, and the services provided to my child by the Town of Madison and their agents and employees, I have and do hereby assume any and all risks associated with the Town of Madison Swim Program.

To the extent not otherwise covered by an insurance policy the undersigned parents/guardians shall: 1. At his or her own expense defend the Town of Madison and its officers, employees, agents, and invitees from any claim resulting from an injury to his or her child arising from any cause whatsoever which occurs during as a result of, or in conjunction with, the Town of Madison Swim Program; 2. At his or her own expense defend the Town of Madison and its employees, agents, and invitees from any claim damage arising out of any injury to another person caused by his or her child while in any Town of Madison Swim Program; 3. Indemnify the Town of Madison from any and all liability cost or expense, including attorney's fees, resulting or relating to any act or omission of their child, which results in a claim against the Town of Madison and its officers, employees, agents and invitees. **The Town of Madison does not warrant or guarantee that insurance is available or that, if available, it will provide coverage for any particular injury to your child.**

By signing below, you acknowledge that participation in the Town of Madison Swim Program may result in physical strain on your child and therefore, you represent that to the best of your knowledge and belief your child is in proper physical condition. If your child suffers on injury or illness, you will be notified based on the information you provide below. If in an emergency situation you cannot be successfully contacted, then you hereby give permission to the attending physician or emergency personnel to transport, hospitalize, medically treat, administer anesthesia and or perform surgery on your child. You further, authorize the Town of Madison and its employees, and agents to use photographs and/or video of your child to promote the Town of Madison Swim Program. By signing below, you, as the parent/guardian of your child acknowledge that you have read this liability release form, fully understand its terms, and/or have had the opportunity to clarify any questions you had regarding this liability release form with your legal counsel.

If you are in any way uncomfortable with a FULL and COMPLETE release of your right to seek recovery for any injury or property loss your child sustains while participating in the Town of Madison Swim Program, you should not sign this liability release form, in which case you agree that your child does not have your permission and will not be allowed to participate in the Town of Madison Swim Program.

Please Note: **BOTH** parents or legal guardians must sign and return to the Town of Madison Liability Release form prior to your child participating in the Program.

Date _____

Parent /guardian (print) _____ Signature _____

Parent /guardian(print) _____ Signature _____

Street Address _____

Home/work/cell# _____

Additional Emergency Contact Name and Number _____