

Summer Swimming Lessons

LEARN SKILLS AND SAFETY AT ASHLAND TOWN BEACH

Our instructor is _____. Classes will run for approximately 30 minutes each class day. Lessons follow the American Red Cross Learn-to-Swim guidelines. They are designed to give students a positive learning experience as they progress through levels, and to help ensure they learn to swim and be safe in the water. The classes will contain a maximum of 7 participants and be split up based on experience level. Participants must be at least 4 years of age or older.

Level 1= Class will focus on putting faces in water, blowing bubbles, floating, gliding, supported kicking, alternating and simultaneous arm actions, combining arms and legs on front and back, turning over, jumping, and safety skills.

Level 2= Class will focus on rhythmic breathing, front and back floats, front crawl and back crawl introduction, side swimming introduction, and safety skills.

Level 3= Class will focus on endurance and technique for front and back crawl, introducing backstroke, breaststroke, sidestroke, butterfly, treading water and safety skills.



I certify that I am the parent/legal guardian of And that I am entitled to his/her custody and control and I do hereby give my permission for said child to participate in aquatic activities. I further certify that my child is of good health and has no physical or other impediment which would endanger him/her from participating in such program.

In consideration of the above named participant being permitted to take part in swimming lessons, I hereby release for the participant, myself, and my heirs, any and all claims for damages arising from negligence of the Town of Ashland, its agents, employees and volunteers that is alleged, now or in the future, to have caused injury or damages to the participant which occur during this program.

I also understand and acknowledge that swimming is an inherently dangerous activity, which may lead to serious injury.

I hereby agree to indemnify and save harmless the Town of Ashland and the above identified individuals from any loss, liability, damage, or cost that they may incur arising from the participants presence at or participation in the recreation swimming program.

I recognize there may be inherent dangers in participating in a recreation program, which may present strain on the body and its parts, and furthermore, I represent to the best of my knowledge, the participant is in proper physical condition to allow participation. I assume all risks associated with participation in this program.

In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to be responsible for all costs associated with said treatment, including transportation to a medical facility.

I, the undersigned, here read this release and understand all its terms and implications. I hereby execute this release of my own free will and with full knowledge of its significance.

Signature _____

Ashland Park & Recreation

Classes will be on Tuesdays and Thursdays in July

July 7+ 9
14+ 16
21+23
28 +30

Swimming

Director: Ann Barney
Phone: 603-968-9209



Briefly describe your child's current swimming ability.

Childs Name _____

Childs DOB & age _____

Phone _____

Method of Payment

- Cash
 Check

Parents Signature: _____

Swimming lessons

Sign up for:	Camp	Time	Price
<input type="checkbox"/> Level 1- Beginner	1:00	10:30	\$85
<input type="checkbox"/> Level 2- Strokes	1:30	10:00	\$85
<input type="checkbox"/> Level # - Deeper/	2:00	9:30	\$85

Add \$10 for non-Residents

Subtotal: _____
\$10 for NR- _____
Total: _____