



**Town of
Neversink**
Sullivan County, New York

SUMMER SWIM PROGRAM REGISTRATION

NAME: _____ MALE ___ FEMALE ___

DATE OF BIRTH: _____ AGE: _____ GRADE COMPLETED THIS YEAR: _____

ADDRESS: _____ HOME PHONE: _____

_____ WORK PHONE: _____

EMAIL: _____ PARENT/GUARDIAN CELL #S: _____

PARENT (S) / GUARDIAN (S) _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

HAVE YOU EVER PARTICIPATED IN OUR SWIM PROGRAM BEFORE? YES ___ NO ___

OTHER INFORMATION: (SCHEDULES, OTHER CONTACTS, ETC.): _____

Check the class(es) that your child is registering for. After Level 1, prerequisite is passing the previous level.

PARENT/CHILD AQUATICS FOR CHILDREN 6 – 36 months

___ Level 1 (6-18 mo.) ___ Level 2 (18-24 mo.) ___ Level 3 (24-36 mo.)

PRESCHOOL FOR CHILDREN 3-5 years

___ Level 1 (3 yrs.) ___ Level 2 (4 yrs.) ___ Level 3 (5 yrs.)

LEARN TO SWIM AGES 5+ years or completed kindergarten

___ Level 1 ___ Level 2 ___ Level 3 ___ Level 4 ___ Level 5 ___ Level 6

CERTIFICATION CLASSES

- | | |
|--|--|
| ___ Guard Start (11-14 yrs.) | ___ WSI Aide (Level 6) |
| ___ Jr. Lifeguarding (13-14 yrs.) | ___ WSI Instructor (16+ yrs.) |
| ___ Shallow Water Lifeguard (15+ yrs.) | ___ WSI Review (18+ yrs.) |
| ___ Lifeguarding (15+ yrs.) | ___ CPR/AED for the Professional Rescuer |
| ___ Lifeguarding Review (17+ yrs.) | ___ CPR/AED Review |
| ___ Lifeguard Management | ___ Standard First Aid |
| ___ Shallow Lifeguarding Review (17+ yrs.) | ___ Waterfront Lifeguard |



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**PARENTAL RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK
& CONSENT FORM**

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the sport and/or event designated below.

- I understand that there are certain risks of injury inherent in the practice and play of this sport/activity, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport/event and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.
- In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its directors, officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the sport/event and the activities incidental thereto, whether the result of negligence or any other cause.

NAME _____ DATE OF BIRTH _____

AGE _____ LAST GRADE COMPLETED _____

STREET/MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ PARENT'S CELL NUMBER(S) _____

NUMBER WHERE PARENT CAN BE REACHED DURING EVENT TIME _____

E-MAIL ADDRESS _____

Please list any physical limitation (allergies, hearing, sight, etc.) _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

TOWN OF NEVERSINK
NAME OF SPONSORING ORGANIZATION

SWIMMING
DESIGNATED SPORT/EVENT