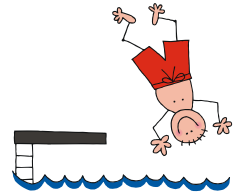




# SUMMER SWIM PROGRAM



## REGISTRATION FORM 2017

Dear Parent / Guardian:

The Towns of Champlain and Mooers & Villages of Rouses Point & Champlain will be sponsoring an instructional swim program this summer. There will be two (3-week) sessions held at the NCCS high school pool on Rt. 276 in Champlain. The first session is from July 3rd through July 21<sup>st</sup> and the second session is from July 24<sup>th</sup> through August 11<sup>th</sup>. Your child(ren) will be assigned a session, lesson time (1 hour in length), and centralized bus pick-up point. **Any student that lives in the above Townships and is AGE 5 or OLDER is eligible to participate in the American Red Cross Progressive Swimming Levels Program.** To attend this Youth Commission program free of charge you **MUST LIVE** in the Town of Mooers, Town of Champlain, or Villages of Rouses Point or Champlain. If you live outside those tax boundaries your child may attend the program (if space available) at a cost of \$30.00 for the 3 week session. Full payment **MUST** accompany registration. No partial payments will be accepted.

The following forms (registration form, emergency form and waiver) need to be filled out and returned to Rena Bosley at the Mooers Town Office no later than **April 22nd**. All areas of these forms **must** be filled out legibly for the correct scheduling of your child(ren). **For families with more than one child, please put all names on both forms so that they can be scheduled together. Select a bus pick-up point for your child(ren) if needed.** A finalized schedule will be sent to your child's classroom teacher with his/her session, lesson time, and bus pick-up point.

### **SUMMER SWIMMING BUS SCHEDULE 2017**

*LESSONS ARE AT NCCS HIGH SCHOOL POOL, ROUTE 276, CHAMPLAIN, NY*

<b>PICK-UP TIMES</b>	<b>LOCATION</b>	<b>ADDRESS</b>
<b>8:00</b>	<b>MOOERS FIRE DEPT. COMPLEX OFFICE</b>	<b>ROUTE 11 MOOERS, NY</b>
<b>9:00</b>	<b>CHAMPLAIN CHILDREN'S LEARNING CENTER</b>	<b>10 CLINTON STREET ROUSES POINT, NY</b>
<b>10:00</b>	<b>CORNER OF CHURCH AND MAIN STREETS</b>	<b>CHAMPLAIN, NY</b>
<b>10:05</b>	<b>TIME AFTER TIME (FORMERLY AMERICAN LEGION)</b>	<b>127 ELM STREET CHAMPLAIN, NY</b>

## **SAVE THIS INFORMATION FOR REFERENCE**

## WAIVER AND RELEASE OF LIABILITY

DISCLAIMER: TOWN OF MOOERS SHALL NOT BE RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE TOWN PROGRAMS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF TOWN OF MOOERS ITS AGENTS, OR EMPLOYEES.

In consideration of my child's participation, **I hereby release and covenant not-to-sue** Town of Mooers, Town Board of the Town of Mooers, any of their employees, instructors, or agents, **from any and all present and future claims resulting from ordinary negligence on the part of the Town or others** for property damage, personal injury, arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur. **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by child, assigns, or me.

Further, I understand that these programs involve certain risks, including but not limited to, neck and spinal injuries injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my child's protection may be inadequate to prevent serious injury. I am allowing my child to voluntarily participate in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, or personal injury. In addition, I understand I may not always be there and in the event of an emergency, I hereby give permission for my child to be given emergency first aid treatment and or to be examined and treated at the nearest medical facility.

I further agree to indemnify and hold harmless Town of Mooers and others listed for any and all claims arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in New York

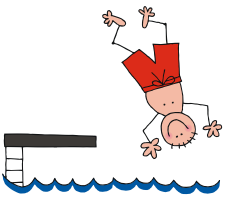
*I affirm that I am of legal age, the child's legal guardian and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Town of Mooers.*

\_\_\_\_\_  
(Signature of Participant)

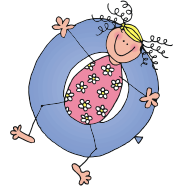
Date:\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent if Participant is Under 18)

Date:\_\_\_\_\_



Please return this portion of the registration form to School or to Rena Bosley at the Mooers Town Offices or scan to [mooerssecretary@primelink1.net](mailto:mooerssecretary@primelink1.net) no later than **Saturday, April 22<sup>nd</sup>**



Child(ren) Information:

Name (1) \_\_\_\_\_ Age \_\_\_\_\_ Name (2) \_\_\_\_\_ Age \_\_\_\_\_

Name (3) \_\_\_\_\_ Age \_\_\_\_\_ Name (4) \_\_\_\_\_ Age \_\_\_\_\_

Will your child(ren) be riding the bus? (Circle One) **Yes** **No**

Please select a bus pick-up point for your child(ren). Check one of the following:

\_\_\_\_\_ Champlain Children's Learning Center \_\_\_\_\_ Corner of Church St. and Main St.

\_\_\_\_\_ American Legion \_\_\_\_\_ Mooers Fire Department Complex Office

Town/Village of Residence \_\_\_\_\_

**If your child(ren) needs FIRST or SECOND session, please explain here: *\*NO REQUESTS FOR TIMES\****

**PLEASE SPECIFY AMERICAN RED CROSS CLASSIFICATION**

(For multiple children, write the name next to the appropriate level) **FOR AGES 5 AND UP!**

**Please Note:** If the child(ren)'s swimming level is unknown **DO NOT** leave this area blank.

If this area is left blank they will not be able to be registered for this years' program. If there are any questions regarding levels, feel free to contact Linda Fredette @ (518)297-6824 or

[fredettelyn@yahoo.com](mailto:fredettelyn@yahoo.com)

**Level 1** - Has no swimming skills \_\_\_\_\_

**Level 2** - Has passed Level 1, can swim with kickboard/ unassisted on front and back \_\_\_\_\_

**Level 3** - Can swim 5 yards Front Crawl and some Back Crawl in chest deep water, can swim some in deep water, and can swim on side \_\_\_\_\_

**Level 4** - Can swim Front and Back Crawl 15 yards, knows Butterfly motion and kick \_\_\_\_\_

**Level 5** - Can swim Front Crawl with rotary breathing 25 yds, Back Crawl 25 yds, Elementary Backstroke 15 yds, Breaststroke 15 yds, and can demonstrate Scissors kick \_\_\_\_\_

**Level 6** - Can swim 50 yds Front Crawl and Back Crawl, 25 yds Breaststroke, Sidestroke, Elementary Backstroke, and Butterfly. \_\_\_\_\_

**Form must be signed/dated in order for you child(ren) to be registered.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Information on Session & Times be sent with: \_\_\_\_\_ Teacher \_\_\_\_\_**

# Emergency Swimmer Record Form

\*\* Please fill out all of the following and return to Rena Bosley by **APRIL 22<sup>nd</sup>**. You may use this form for up to four swimmers if all of the contact information is the same. If you have any questions or concerns please contact Linda Fredette @ [fredettelyn@yahoo.com](mailto:fredettelyn@yahoo.com) or (518) 297-6824.

## Participant Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First

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## Participant's Contact Information

Parent/Guardian Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

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## **Primary Contact Information: Will be Contacted First In Case of an Emergency**

Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

## **Secondary Contact Information:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
Email: \_\_\_\_\_

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## Medical Information

Does the participant have any medical conditions the instructors should be aware of? (For example: diabetic, seizures, latex allergy, asthma, etc.) Circle one YES NO

If **YES**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_