

TOWN OF LAFAYETTE SWIM REGISTRATION
IN CONJUNCTION WITH THE TOWN OF POMPEY - SUMMER 2019

The **Town of Pompey's summer swim program** is being offered to include the Town of LaFayette at the Cazenovia College Natatorium. There will be two separate 3-week sessions. Classes are held every morning, Monday-Friday. (There are 5 different time-slots with the first one starting at 8 a.m.) Copies of the swim schedule will be posted at the Pompey Town Hall, on both towns' websites @ (www.pompey-ny.gov), (www.townoflafayette.com) and at the post offices in Pompey and Fabius after June 5th.

Parents must supply all transportation.

****NOTES: NO guarantee of session requests!!** & **NO CLASSES ON WEDNESDAY JULY 4TH.****

DEADLINE FOR REGISTRATION IS May 17, 2019.

All are 45-minute classes held July 1–July 19 and July 22-August 9. (Please choose one session only.)

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|-----------|------------------------------------|--------------------------------------|------------------------------|
| Level I | Fear of water, age 4+ | Level VI | Swimming & Skill Proficiency |
| Level II | Fundamental Aquatic Skills, age 5+ | | |
| Level III | Stroke Development | | |
| Level IV | Stroke Improvement | Personal Water Safety (age 11+) | |
| Level V | Stroke Refinement | WSIA- (Water Safety Instructor Aide) | |

<u>Child's name and AGE</u>	<u>Swim level successfully completed</u>	<u>Preference of Session 1 or 2</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

In an emergency, when the undersigned person cannot be reasonably contacted, I hereby authorize Town of Pompey and/or Town of LaFayette to take any action which it deems necessary to protect the best interest of my child. I understand that Town of Pompey and/or Town of LaFayette does not carry insurance coverage on swim program participants and that it is my responsibility to provide such coverage for my child. I acknowledge that the Town of Pompey and/or Town of LaFayette is not a guarantor of my child(s) safety and agree to defend, indemnify and hold harmless the Town of Pompey and/or Town of LaFayette against all claims, judgments, actions or other liabilities for both property damage and bodily injury in any way whatsoever incurred through my child(s) participation in this program.

Signature of parent/guardian _____

Parent's name/address/phone

Emergency contact/address/phone (include relationship)

Mail to: LCC, PO Box 98, LaFayette, NY 13084 (Do not email forms)