TOWN OF POMPEY SWIM REGISTRATION FOR THE SUMMER OF 2010

The **swim program** is offered free of charge to all the town of Pompey residents at the Cazenovia College Natatorium. Fees for non-residents are $50.00 for the 1st child, $45.00 for 2nd child and $40.00 for each additional child in family. There will be 2 separate 3-week sessions. Classes are held every morning, Monday-Friday. (There are 5 different time-slots with the first one starting at 8am.) Parents must supply all transportation. Copies of the swim schedule will be posted at the post offices in Pompey, Fabius, and also at the Pompey Town Hall *after June 26th*. **DEADLINE FOR REGISTRATION IS JUNE 11, 2010.**

Make checks payable to: Town of Pompey.

****NOTES: <u>There will be no classes on July 5</u>. Also, <u>NO guarantee of session requests!!</u>****

<u>All are 45-minute classes held July 6-23 and July 26 - August 13.</u> (Please choose one session only.)

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>**	**Preference of <u>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 to take any action which it deems necessary to protect the best interest of my child. I understand that Town of Pompey 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 is not a guarantor of my child(s) safety and agree to defend, indemnify and hold harmless the Town of Pompey 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 **X** _____

Parent's name/address/**phone**

Emergency contact/address/**phone** (include relationship)

Doctor/address/**phone**

Mail to: Mrs. Rosemarie Bush, PO Box 314, Pompey, NY 13138

E-mail any questions to: swimprogram@townofpompey.com (or call 677-5309)

DOWNLOAD FORMS @ townofpompey.com