

# Swim Lesson Registration Form 2024

\*Please indicate which level your child should be in and the time slot you would like to request. Please Note for a class time to run, there must be 4 children enrolled, otherwise times will be subject to change. We will do our best to accommodate for your 1st choice of time slots\*

**Cost Per Session:** Residents : \$35/child Family Maximum: \$70  
Non-Residents: \$50/child Family Maximum: \$100

## Parent Information:

Parent(s) Name(s):	
Parent Address:	
Parent Phone Number:	
Parent Email Address:	

## Emergency Contact Information:

Emergency Contact Name:	
Relationship to Participant:	
Emergency Contact Address:	
Emergency Contact Phone Number:	

I give permission for my child(ren) \_\_\_\_\_ to participate in the Monmouth Summer Recreation Swim Program. I agree to supervise my child(ren) at all times before, during, and after swim lessons if they are under the age of ten. If I cannot supervise my child(ren) I will arrange to have another responsible person supervise my child(ren) for me. I understand that swimming is a physical activity and that certain risks come with any physical activity. I relinquish the Town of Monmouth from any liability should me child(ren) be injured in the normal course of swimming lessons.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Any Important Information Staff Might Need to Know:

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**1st Participant Information:**

Participant Name:	Age:
Date of Birth:	Male or Female
<b>Session Requested:</b> Session 1 (July 15th) Session 2 (July 29th)	
<b>Level Requested:</b> Parent/Child Pre-School Level 1 Pre-School Level 2 Pre-School Level 3 Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	
<b>Time Slot Requested: <i>Parent/Child</i></b> → 11-11:25am 11:30-11:55am <b><i>Pre-School</i></b> → 9:30-9:55am 10-10:25am 10:30-10:55am 11:00-11:25am <b><i>Levels 1 through Levels 4</i></b> → 9:15-10am 10:15-11am 11:15-12pm <b><i>Levels 5 &amp; 6</i></b> → 9:15-10am 10:15-11am	

**2nd Participant Information:**

Participant Name:	Age:
Date of Birth:	Male or Female
<b>Session Requested:</b> Session 1 (July 15th) Session 2 (July 29th)	
<b>Level Requested:</b> Parent/Child Pre-School Level 1 Pre-School Level 2 Pre-School Level 3 Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	
<b>Time Slot Requested: <i>Parent/Child</i></b> → 11-11:25am 11:30-11:55am <b><i>Pre-School</i></b> → 9:30-9:55am 10-10:25am 10:30-10:55am 11:00-11:25am <b><i>Levels 1 through Levels 4</i></b> → 9:15-10am 10:15-11am 11:15-12pm <b><i>Levels 5 &amp; 6</i></b> → 9:15-10am 10:15-11am	

**3rd Participant Information:**

Participant Name:	Age:
Date of Birth:	Male or Female
<b>Session Requested:</b> Session 1 (July 15th) Session 2 (July 29th)	
<b>Level Requested:</b> Parent/Child Pre-School Level 1 Pre-School Level 2 Pre-School Level 3 Level 1 Level 2 Level 3 Level 4 Level 5 Level 6	
<b>Time Slot Requested: <i>Parent/Child</i></b> → 11-11:25am 11:30-11:55am <b><i>Pre-School</i></b> → 9:30-9:55am 10-10:25am 10:30-10:55am 11:00-11:25am <b><i>Levels 1 through Levels 4</i></b> → 9:15-10am 10:15-11am 11:15-12pm <b><i>Levels 5 &amp; 6</i></b> → 9:15-10am 10:15-11am	

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For Office Use Only

\_\_\_\_\_ check # \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Staff Initials