## NARA Beach American Red Cross Swim Lessons

ACTON RECREATION DEPARTMENT: 50 Audubon Drive, Acton, MA 01720
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Email: recreation@actonma.gov Website: www.actonrec.com



## 2025 Swim Lesson Registration Form



Participant's Name:		
Gender (optional):		
Date of Birth:	Age:	Swim Lesson Level:
Address:		
State:	Zip Code:	·
Telephone:		
Email Address:		
PRIV	VATE LESSONS (ages	4 and older): \$150 per person
	•	ed with the Swim Coordinator. You will be contacted to
schedule lessons <u>after</u> NARA B	each opens on May 31, 20	25.
	SWIM LEVE	LINFORMATION:
Level 1: Minnows Lev	vel 2: Stingrays Level	<del></del>
and back kick, reaching assists, Pf Level 2: Stingrays – Primary Skills back flutter kick, back crawl arms Requirements: Passed Minnows I	FD use. Requirements: No problem is Submerge head, retrieve obe, front and back combined street, or can swim 5 yards on	back and front.
with breathing for 10 yards, back	crawl for 10 yards, elementa	yes open, chest deep bobbing, prone and supine glide, front crawl ry back stroke for 10 yards, reverse direction front & back, treading ds of elementary back stroke or front crawl.
Park Beach. Participants must have Level 3, as diving is not available Make-up classes will be held on a no less than 7 business days	ve prior swim lesson experier at NARA Pond. All swim class day indicated by instructor. If from the start of the se	r the appropriate swim level on this form. All classes are held at NARA nee to participate in higher level classes. Certification can only go up to sees are subject to change due to weather conditions or water quality. Refunds will not be issued without a written cancellation letter ssion. A \$25 non-refundable registration fee applies for each a child is unable to attend any make-up sessions.
RELEASE OF LIABILITY		
or liabilities related to any accide	nt or injury that may occur. I ecreational activities, and I an	ees, independent contractors, their agents and employees, from claims certify that the participant is in good health. I understand that there is a willing to assume those risks. I give permission for medical treatment
Parent/Guardian Signation	ture:	Date:
Printed Name:		