

NARA Beach American Red Cross Swim Lessons

ACTON RECREATION DEPARTMENT: 50 Audubon Drive, ACTON, MA 01720

MAILING ADDRESS: ACTON RECREATION DEPARTMENT, 472 MAIN STREET, ACTON, MA 01720

Email: recreation@actonma.gov Website: www.actonrec.com

Swim Lesson Registration Form

1. Participant's Name:			Gender	
1. Participant's Name: Date of Birth:	Age	Swim Lesson Level: _		Red Cro
2. Participant's Name:			Gender	Sw
2. Participant's Name: Date of Birth:	Age	Swim Lesson Level: _		
Parent/Guardian's Name:_				
				State:Zip:
Home Phone:				
Email Address:				
				Γ = \$
DI	RIVΔTF I F	SSONS (ages 4 and ol	der): \$100 n	er nerson
		, ,	•	or. You will be contacted during
beach hours, after the beac	h opens on N	May 28, to coordinate the le	esson schedule.	
		SWIM LEVEL INFORMA	ATION:	
Level 1: Minnows I	evel 2: Sting	grays Level 3: Barracu	ıdas	
	•	• ,		loat, bubble blowing, supported front
and back kick, reaching assists,		= ::		
=		•	= -	er, supine float/glide/recover, front and
back flutter kick, back crawl ar	_		, ,	, , , , , ,
Requirements: Passed Minnow			ont.	
•		•		, prone and supine glide, front crawl
				verse direction front & back, treading
water. Requirements: Passed			=	_
Classes are available for ages	4 and above.	Please sign up for the approp	priate swim level c	on this form. All classes are held at NARA
Park's Beach. Participants mus	t have prior s	wim lesson experience to par	ticipate in higher l	level classes. Certification can only go up
co Level 3 as diving is not avai	lable at the po	ond. All swim classes are sub	ject to change due	e to weather conditions or water quality.
Make-up classes will be held o	n a day indica	ted by instructor. Refunds wi	ll not be issued wit	hout a written cancellation letter no less
han 5 business days from th	e start of the	session. A \$25 non-refunda	ble administrative	fee will be retained for each cancelled
session per child. Refunds will	not be given i	f a child is unable to attend ar	ny make-up sessior	ns.
RELEASE OF LIABILITY				
=				their agents and employees, from claims
•	=		· · · · · · · · · · · · · · · · · · ·	is in good health. I understand there is
= :	rts and recrea	itional activities, and I am willi	ng to assume those	risks. I give permission for medical treatment
to be given if the need to arise.				
Parent/Guardian Signature:				
Printed Name:				
For Office Use Only: Date rece	eived / /	Staff Amount Paid \$	Check #	/Cash/MC/VISA