PAID Check #_____ or Cash_____ Received by_____ I II III

Swim Lessons Registration Form 2015

Name of Parent/Guardian		
Address		
City	State	Zip
Home Phone	Cell/Work Phone	

PRE-SCHOOL LEVELS: GUPPIES, FROGS, DUCKLINGS
RED CROSS LEVELS: 1, 2, 3, 4, 5, 6

Name of Participant	Age	DOB	Desired Level	Fee ($30)**

*Residents will have a family cap on swim lessons/swim team at $100
**Late registration—signing up after registration closes—will incur a $5 fee

New Ipswich Resident? YES NO Total Amount Due $_____

Check #_____ or Cash_____ Received by_____

*Make checks payable to **NITP** : Students will not be placed in a class until it has been paid for.

PLEASE CHECK DESIRED SESSION <u>AND</u> CIRCLE DESIRED TIME

____**Session I**	____**Session II**	____**Session III**
June 22nd -July 3rd	July 13th -July 24th	July 3rd-August 14th
AM PM	AM PM	AM PM

Release:
I hereby give my child/children permission to participate in the New Ipswich Swim Programs at the New Ipswich Town Pool at Memorial Field. I am aware of the risks involved with swimming and do waive, release, and agree to hold harmless the Town of New Ipswich, volunteers, and staff for any claim arising out of the injury to my child/children or any other property damage that might occur. I understand the rules and regulations put forth by the pool, as operated by the Town of New Ipswich. Failure to obey the rules may result in dismissal from the grounds. Town of New Ipswich is not held responsible when the pool closes due to inclement weather. Lessons that are canceled due to inclement weather will not be made up.

Parent/Guardian Signature _____Date_____