



Swim Lessons 2016

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone #: _____

Address: _____

E-mail address: _____

Please check off class below:

Fee: \$120.00

9:20 – 9:50am

- | | |
|---|--|
| <input type="checkbox"/> Preschool Aquatics 1 | <input type="checkbox"/> Level 2 |
| <input type="checkbox"/> Level 3 | <input type="checkbox"/> Stroke & Turn |

10:00 – 10:30am

- | | |
|--|---|
| <input type="checkbox"/> Parent & Child Aquatics | <input type="checkbox"/> Preschool Aquatics – Level 3 |
| <input type="checkbox"/> Level 2 | <input type="checkbox"/> Level 3/4 |

11:30 – 12:00pm

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Preschool Aquatics- Level 2 | <input type="checkbox"/> Level 2 |
|--|----------------------------------|

Please make checks payable to: **Village of Hastings on Hudson**

In consideration of accepting this registration form, I the undersigned, for myself, my executors, administrators and assignees, do hereby discharge Hastings Recreation Department, and any and all sponsors, organizers and their representatives and successors from all claims of damages, demands, actions and causes of action whatsoever, in any manner arising or growing out of my participation in said program. I further attest that my child is physically qualified to participate in the program.

Parent's Signature: _____ Date: _____