

FOR OFFICE USE ONLY
Session _____
Check # _____
Birth Certificate _____
Proof of Residency _____

Cranston Parks & Recreation BUDLONG POOL SWIM LESSONS

Please print clearly!

Child's Name _____ Age _____

Address _____

City _____ Zip Code _____ Date of Birth _____

Parent/Guardian's Name _____ Relation _____

Home Phone _____ Work Phone _____ Pager/Cell _____

Does your child take any medications, or have any allergies/medical conditions that we should be aware of? If so, please explain:

IN CASE OF INJURY, MEDICAL PROFESSIONALS WILL TRANSPORT PARTICIPANT FOR EMERGENCY TREATMENT AS SOON AS POSSIBLE. PLEASE INFORM EMERGENCY CONTACT PERSONS OF THIS INFORMATION IN CASE OF EMERGENCY. WE WILL TREAT ALL EMERGENCIES IMMEDIATELY AND NOTIFY PARENT OR GUARDIAN AS SOON AS POSSIBLE.

****Please list emergency contacts in order of priority, keeping in mind the hours of 10:00 AM to 12:00 PM. ****

****Please do NOT list blocked phone numbers, as the City of Cranston is not able to bypass these numbers. ****

	Contact Person	Relation	Phone Number
1.			
2.			
3.			
4.			
5.			

I, _____, RELEASE THE CITY OF CRANSTON, THE PARKS AND RECREATION DEPARTMENT, AND ITS STAFF FROM ANY AND ALL CLAIMS DUE TO INJURY REGISTERED. FURTHER, I UNDERSTAND A COPY OF THE PROGRAM'S RULES AND POLICIES WILL BE FORWARDED TO ME, AND I AGREE TO ABIDE BY THEM AS A CONDITION OF THIS REGISTRATION.

SEE OTHER SIDE

Please mark which days your child will be attending:

Mondays / Fridays _____

Wednesdays / Saturdays _____

Please mark which level your child will be attending:

Beginner 1 Ages 3 – 5 No previous experience and needs floatation device

_____ Session 1 (10:00am – 10:45am)

_____ Session 2 (11:00am – 11:45am)

Beginner 2 Ages 3 – 5 Swims with assistance of floatation device

_____ Session 1 (10:00am – 10:45am)

_____ Session 2 (11:00am – 11:45am)

Intermediate 1 Ages 6 and older Swims independently without floatation device but no stroke knowledge

_____ Session 1 (10:00am – 10:45am)

_____ Session 2 (11:00am – 11:45am)

Intermediate 2 Ages 6 and older Swims independently with basic strokes

_____ Session 1 (10:00am – 10:45am)

_____ Session 2 (11:00am – 11:45am)

Advanced Ages 6 and older Can perform a variety of strokes

_____ Session 1 (10:00am – 10:45am)

_____ Session 2 (11:00am – 11:45am)

Signature _____ Date _____

PAYMENT IS DUE IN FULL AT TIME OF REGISTRATION

*** *For Office Use Only* ***

Check Number	Date Paid	Amount	Cross-Reference