

\*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:

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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**

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Check Number	Date Paid	Amount	Cross-Reference