



Casco Recreation Swim Registration

Payment

Cash_____ Check_____ Class Level_____ Session_____

Participants Name _____ Age _____

Parent/Guardian _____

Address _____

City/State/Zip _____

Home phone# _____ Work # _____

Medical Issues/concerns: _____

Has your child ever taken American Red Cross swimming lessons? yes/no

If yes, were the lessons with Casco Recreation? yes/no

What was the last level completed and when? _____

For children ages 5 and up: (please check)

Attitude _____ afraid of water
_____ Somewhat afraid of water
_____ not afraid, but unskilled

Skill _____ can put face in water comfortably
_____ Dog paddle or beginner stroke
_____ Crawl stroke with face in water
_____ Crawl stroke with face occasionally in water
_____ Crawl stroke with breathing on the side

Distance _____ 10 feet _____ 10 yards _____ 25+yards

Entries _____ jump in water over head _____ dive from
standing

1. I give permission for _____ to participate in the Casco Department of Parks and Recreation swim Program. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Casco Department of Parks and Recreation . Recognizing the possibility of injury associated with swimming and in consideration for the Casco Department of Parks and Recreation. I hereby release, discharge, and/or otherwise indemnify the Casco Department of Parks and Recreation, it's sponsors and associated personnel, including the owners of the facilities utilized by the program, from any claim by or on behalf of the registrant as well as a result of the registrant's participation in the program.

Signature: _____ Date: _____

2. I give permission for _____ to receive emergency medical treatment when it is requested by any Casco Department of Parks and Recreation representatives, in my absence.

3. Signature: _____ Date: _____

Please mail to: Beth Latsey, Casco Recreation Department, 635 Meadow Road, Casco Maine. 04015