



# Casco Recreation Swim Registration

Payment

Cash\_\_\_\_\_ Check\_\_\_\_\_ Class Level\_\_\_\_\_ Session\_\_\_\_\_

## For Winter and Spring Indoor Sessions

Parent Infant

Level 1-Water adjustment skills with adult

Level 2- School age children just beginning to swim

Level 3 and up-Children must be able to swim 25feet unassisted

Participants Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone# \_\_\_\_\_ Work # \_\_\_\_\_

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

