# NEWTON RECREATION COMMISSION
# PO BOX 378
# NEWTON, NH 03858

2006 Swim Program Registration Form
Release and Waiver of Indemnity Agreement

Classes are offered to children ages 4 and up. One weekday session is scheduled and runs for 4 weeks. The session runs 7/10 – 8/4. The Newton Beach Staff teaches these classes. Registrations will be taken at the Town Beach 6/26 – 6/30, 5 PM to 7 PM.

**Parent or legal guardian required at registration.** Program fee for the session is $45 **per resident child**, (with a family cap of $135), **proof of residency required**. Non-resident fee is $55 per child. **Payment by check accepted for Newton Residents only, (must include Name, Address & Phone #). Non-resident registration and any registrations filed after 6/30 by cash only**. Please make checks payable to the TOWN OF NEWTON; noting in memo space # of students. There is a $25 charge, plus the full check amount, for each returned or non-collectable check.

For swim cancellations, please call Program Director Jon Holden at (603) 499-0278. Please ensure that your child is properly dressed and is supplied with waterproof sunscreen. Trash is carry in/out. Children must be picked up at the end of swim class by a parent or a parent representative. Lifeguards and swim coaches are not responsible for children at the close of classes.

Lifeguards are on duty weekdays from 9 AM – 6 PM, weekends from 10 AM – 6 PM, weather permitting.

**Caution and Common Sense will help you and others to have a safe and pleasant time while using this facility.**

----------SWIM LESSONS----------

Check No. _____
Amount_____

CHILD'S NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL/PAGER: _____

SWIM LEVEL: _____ (last class attended – "none" if non-swimmer)

EMERGENCY CONTACT:

NAME: _____ PHONE:_____ RELATIONSHIP: _____
***Initial here if emergency contact has permission to remove child from the beach area:** _____

ALLERGIES AND/OR OTHER MEDICAL CONDITIONS:
_____

**FEE: $45 per resident child, ($135 family cap), and proof of residency required. $55 per non-resident child.**
*Financial scholarships are available by need for Residents only. Please inquire when registering your child(ren).

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participant named above to participate in the Newton Recreation Program, I/We SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT TO SUE the Town of Newton, Recreation Commission, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful, wanton negligence of the participant or participants in the Newton Program. I/We further agree to indemnify the Town of Newton, Recreation Commission, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Newton, Recreation Commission, their agents and employees become legally obligated to pay including reasonable attorneys fees and costs, as a result of claims, demand, costs or judgments, against the Town of Newton, Recreation Commission, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful, wanton negligence of the Town of Newton, Recreation Commission, their agents and employees and whether or not such liability is sole, joint or several. I am aware that participation in the program may present a strain on the body, or its parts and therefore I represent to the Town of Newon, Recreation Commission that to the best of my knowledge the participant is in a proper physical condition to participate and that I assume the risk of participation. I understand that in case of injury or illness, I hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of the participant. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I/We have executed this release on the date indicated next to my signature.

_____ _____
Parent or legal guardian signature Date