

Newton Recreation Commission

P.O. Box 378
Newton, NH 03858

2008 Swim Program Registration Form

The Newton Recreation Commission has scheduled American Red Cross Swimming lessons for children aged 4 and up at the Newton Town Beach on beautiful Country Pond. The 5 week session runs Monday – Thursday, **June 23 – July 24** (make-up classes available on Fridays). Class time depends on swim level of student.

Swim Program fee for Newton residents - \$50.00 per child (family cap of \$140.00) proof of residency required. Non-residents - \$60.00 per child as space allows. Payment by check accepted for Newton residents and must include name, address and phone number. Cash only for non-residents and Newton residents registering after June 23rd. Absolutely no refunds. Please make checks payable to **Newton Recreation Commission**; noting # of students in memo space. There will be a \$25.00 charge for returned and non-collectable checks.

Registrations are accepted by mail or in person at the Newton Town Beach located on Wenmarks Road on **June 18th, 19th and 20th, 6:00 pm – 8:00 pm**. Parents or guardians are encouraged to make sure that children are properly dressed and wearing waterproof sunscreen. Parents or guardians are responsible for their children and should always accompany and supervise them at the beach.

Lifeguards are on duty weekdays 9:00 am – 6:00 pm and weekends 10:00 am – 6:00 pm, weather permitting. For questions about the swim program or class cancellations due to the weather, contact Swim Program Director, Jon Holden at (603) 499-0278. Please use caution and common sense to ensure a safe and pleasant time at the Newton Town Beach. Trash is carry in/carry out.

Check No: _____ Amount:

Child's Name: _____ Age: _____ DoB: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

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 beach area:** _____

Allergies and/or other medical conditions:

Fee: \$50 resident, \$140 family cap. Proof of residency required. \$60 non-resident. No Refunds.
*Financial assistance is available by need for residents only. Please inquire when registering.

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

Newton Recreation Commission

P.O. Box 378

Newton, NH 03858

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 Newton, 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