NEWTON RECREATION COMMISSION
P O Box 378
Newton, NH 03858

Swim Program Registration Form

The Newton Recreation Commission is offering American Red Cross swimming lessons, for children ages 4 and up at the Newton Town Beach on beautiful Country Pond. **The five-week session runs Monday - Thursday, starting July 5-August 8, 2011**. Makeup classes are available on Fridays. **Class time depends on swim level of student.** Parents and Guardians are responsible for their children and should always supervise them at the beach. Please use caution and common sense to ensure a safe and pleasant time at the Newton Town Beach.

Swim Program fees for: **Residents - $55.00 per student (family cap of $140.00) and proof of residency is required.** Financial assistance may be available for residents. Please inquire when registering. **Non-residents -$65.00 per student (family cap of $170.00).** Payments by check **must** include name, address, and phone number. **ABSOLUTELY NO REFUNDS.** Please make checks payable to **Newton Recreation** (note that there will be a $25.00 handling charge for all returned checks). **Registrations are being accepted by mail until July 4, 2011 We will also hold in-person sign-ups at the Newton Town Beach on June 27th, 28th, and 29th from 4:00 - 6:00 pm.** You can contact us at **382-4405 Ext 13** or at recreation@townofnewtonnh.com with questions regarding signups.

If you have any questions regarding this swim program, or class cancellations due to weather or water conditions, you can contact the **Newton Recreation Swim Coordinator at 603-303-1789.**

***STUDENT INFORMATION*:**

NAME: _____ **Age:** _____ **DOB:**_____ **Swim Level:** _____

ADDRESS: _____

PARENTS NAME: _____ **ADDRESS:** _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____

MEDICAL INFORMATION:

MEDICAL CONDITIONS: _____

ALLERGIES: _____

SPECIAL NEEDS: _____

EMERGENCY INFORMATION:

NAME: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **ALTERNATE PHONE:** _____

RELEASE AND WAIVER OF LIABLITIY 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 CONVENANT 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 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 will 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**