

SANBORNTON RECREATION SWIMMING LESSONS



**Lessons take place at Winnisquam Beach
58 Doctor True Road, Sanbornton, NH 03269
Monday – Thursday**

New this year swim lessons will be taught by Swim NH.

Lesson will be held Monday -Thursday July 10th - 20th. We will add Friday if a make-up day if needed.

Swim NH Website: www.nhswimschool.com if you have questions. They can answer questions regarding what level to sign up for and information about their company and instructors. Phone: 603-724-7484.

Class size is limited. Lessons are on a first come first served basis.

•Preschool 3 students •Level 1- 4 students • Level 2 &3 -5 students • Level 4 & 5 - 6 students



Please check below the level and session your child will be attending.

July 10th – July 13th & July 17th – July 20th Friday's will be added if needed
<input type="checkbox"/> Pre-School: 2:00 -2:30pm
<input type="checkbox"/> Pre-School: 2:30-3:00pm
<input type="checkbox"/> Level Three: 3:00 p.m. – 3:30 p.m.
<input type="checkbox"/> Level One: 3:30 – 4:00pm

July 10th – July 13th & July 17th – July 20th Friday's will be added if needed
<input type="checkbox"/> Level One: 2:00-2:30pm
<input type="checkbox"/> Level Two: 2:30-3:00pm
<input type="checkbox"/> Pre-School : 3:00-3:30pm
<input type="checkbox"/> Level Two: 3:30-4:00pm

Lessons are subject to change if we do not fill specific levels we can change to one that is needed.

**Fee: \$35.00 (*Resident) Each additional Family member \$15.00 each
(Non-Resident) \$50.00 Each additional Family member \$20.00 each
(*Resides in Town, property owner or attends a Sanbornton School)**

For more information please contact: Julie Loneragan, Coordinator Office: (603) 286-2659 / (603) 393-6665

Email: sanbrec@metrocast.net  Check us out on Facebook!

Town Website: <http://sanborntonnh.org/Departments/Recreation/Recreation.htm>

SANBORNTON RECREATION SWIMMING LESSONS

Participant Name: _____ D.O.B: _____ Gender: _____
Participant Name: _____ D.O.B: _____ Gender: _____
Participant Name: _____ D.O.B: _____ Gender: _____

Mother Information:

Name: _____ Mailing Address: _____

(Please indicate what number is the best to reach you during the day.)

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Father Information:

Name: _____ Mailing Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Email: _____

Alternate Chaperone: _____ Relationship: _____

Home Phone: _____ Cell: _____

Please initial all sections below:

☐ I give permission for my child (listed above) to participate in Sanbornton Recreation Programs (Swimming Lessons). I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless Sanbornton Recreation Commission, its members, the program instructors, the Town of Sanbornton, and its officials.

☐ In case of accident, I request the Sanbornton Recreation Commission or any of its representatives to contact me. If I am not available, call the physician named below and follow his/her instructions. If it is impossible to contact this physician and it is an emergency, I hereby authorize any treatment deemed necessary for my child.

Physician Name: _____ Phone: _____

Please list any medical conditions/allergies that we should be aware of:

☐ I give the Sanbornton Recreation Program permission to photograph my child.

By signing below, I confirm that I have read and understand all of the information in this document.

Signature: _____ Date: _____

For office personnel, only: Name: _____ Date: __/__/2017

☐ Resident Individual: \$35.00 ☐ each additional family member \$15.00 each

☐ Non- Resident Individual: \$50.00 ☐ Each additional Family member \$20.00

Payment: Cash \$ _____ ☐ Check Payment: \$ _____ Check #: _____