# *SANBORNTON RECREATION SWIMMING LESSONS*

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

Monday, June 27th, 2016 from 12-3pm the Water Safety Instructor will be giving swim level assessment's at Winnisquam Beach no appointment is necessary.

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

Fee: $25.00 (*Resident) Family $45.00 Maximum
(Non-Resident)$35.00 Family $65.00 Maximum
(*Resides in Town, property owner or attends a Sanbornton School)

| **First Session: Winnisquam Beach July 11th – July 14th & July 18th – July 21st** |
|---|
| ☐Pre-School: 12:10 p.m. - 12:40 p.m. |
| ☐Level One: 12:50 p.m. - 1:20 p.m. |
| ☐Level Two: 1:30 p.m. – 2:00 p.m. |
| ☐Level Three: 2:10 p.m. – 2:40 p.m. |
| ☐Level Four: 2:50 p.m. – 3: 20 p.m. |
| ☐Level Two: 3:30 p.m. – 4:00 p.m. |
| ☐Level One: 4:10 p.m. - 4:40 p.m. |

| **First Session: Winnisquam Beach August 8th – August 11th & August 15th - 18th** |
|---|
| ☐Pre-School: 12:10 p.m. -12:40 p.m. |
| ☐Level One: 12:50 p.m. – 1:20 p.m. |
| ☐Level Two: 1:30 p.m. - 2:00 p.m. |
| ☐Level Three: 2:10 p.m. – 2:40 p.m. |
| ☐Level Four: 2:50 p.m. – 3:20 p.m. |
| ☐Level Two: 3:30 p.m. – 4:00 p.m. |
| ☐Level One: 4:10 p.m. – 4:40 p.m. |

For more information please contact: Julie Lonergan, 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: _____

**E**mail: _____

**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: _/ __ / 2016

☐Resident Individual: $25.00 ☐ Family: $45.00 ☐Non- Resident Individual: $35.00 ☐Family Non- Resident $65.00
Payment: Cash $_____ ☐Check Payment: $_____ Check #: _____