



2018 – “YOUNG BEGINNERS” SWIM CLASSES

WEBSTER PARK WADING POOL

Sponsored by the ESCANABA RECREATION DEPARTMENT

Monday, July 9th through Thursday, August 9th

Program Objectives: The Young Beginners Swim Classes will provide young children with a proper and healthy attitude toward water safety. Qualified instructors will supervise all classes and will stress confidence, respect, and overcoming fear of the water. Various water games will also be played. The Young Beginners Swim Classes will serve as preparation for regular swimming classes available at the Municipal Beach each summer.

Instruction Level: The City of Escanaba's Young Beginners Swim Classes will teach Red Cross Level I - Water Exploration. The successful completion of this level will earn a student the right to move to the next instruction level.

Eligibility: All boys and girls - 3 to 6 years of age.

City of Escanaba Recreation Department programs, activities & facilities are available to persons regardless of ability or disability. Every effort will be made to make programs and facilities accessible to the handicapped.

Class Times & Place: Classes will begin Monday, July 9th and will be offered for 5 weeks through Thursday, August 9th, at the Webster Park Wading Pool on North 19th Street.

Group Assignments: Children will be assigned 2 half hour classes per week between the afternoon hours of 1:00 to 2:00 p.m. on either Monday and Wednesday *or* Tuesday and Thursday during the five week period. Maximum number of **12 registrants** per group

DATES/TIMES:

(Mondays & Wednesdays OR Tuesdays & Thursdays)

Mondays & Wednesdays ☆ 1:00 - 1:30 p.m. or ☆ 1:30 - 2:00 p.m.

OR

Tuesdays & Thursdays ☆ 1:00 - 1:30 p.m. or ☆ 1:30 - 2:00 p.m.

In an effort to minimize program cost, please keep this sheet, as this is the only notification you will receive regarding class schedule.

Registration: Parents may register children at the Catherine Bonifas Civic Center, 225 North 21st Street, Escanaba. **Registration deadline** is Friday, June 22nd, at 4:00 p.m. Registrations received after June 22nd, **cannot** be guaranteed placement.

Fee: A \$30 fee is due and payable at registration time to help defray the cost of operating the program.

Family Package: A \$15 fee for each additional participant per family.

It is the policy of the City of Escanaba to make recreation programs available to the youth of the community, as lack of family income will not be a barrier to participation.

For further information, contact the Recreation Department Office at 786-4141.

**2018 "YOUNG BEGINNERS" SWIM CLASSES
WEBSTER WADING POOL
REGISTRATION FORM**

NAME: _____ **AGE:** _____ **D.O.B.:** _____

Print Clearly

ADDRESS: _____

CITY: _____ **PHONE #:** _____

CLASS TIMES/DAYS PREFERRED: Please put a <input checked="" type="checkbox"/> in box in front of the days and time desired.			
<input type="checkbox"/> Mondays and Wednesdays	or	<input type="checkbox"/> Tuesdays and Thursdays	
<input type="checkbox"/> 1:00 - 1:30 p.m.	<input type="checkbox"/> 1:30 - 2:00 p.m.	or	<input type="checkbox"/> 1:00 - 1:30 p.m. <input type="checkbox"/> 1:30 - 2:00 p.m.
<i>Maximum number of <u>12 registrants per group.</u></i>			

EMERGENCY INFORMATION

Where parents can be reached in case of an emergency:

Name: _____ Phone: _____

PERSONAL INFORMATION

Please explain any **medical condition** which should be brought to the attention of the instructor:

Please explain any **difficulties** such as fear of water or traumatic experiences with water, etc.:

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FOR SPORTING EVENT
PARENT-GUARDIAN WAIVER FOR MINOR**

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN, DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY, AND AGREES TO THE FULLEST EXTENT PERMITTED BY LAW TO SAVE, HOLD HARMLESS AND INDEMNIFY THE CITY OF ESCANABA, THEIR ELECTED AND APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL LIABILITY, LOSS, COST, CLAIM, OR DAMAGE WHATSOEVER, INCLUDING BODILY INJURY OR DEATH, WHICH MAY BE IMPOSED UPON OR INCURRED BY THE CITY OF ESCANABA BECAUSE OF THE PARTICIPATION OF THE MINOR IN THIS EVENT. BY SIGNING BELOW, YOU ALSO AGREE TO RELEASE SAID PARTIES IN THIS REGARD ON BEHALF OF BOTH THE MINOR AND THE PARENTS OR LEGAL GUARDIAN.

Minor: _____ Age: _____

Parent or Legal Guardian: _____

Signature: _____ Dated: _____

Please complete Consent to Medical Treatment of Minor on reverse side of this form.

For Office Use Only

\$ Paid: _____ Cash/Check #: _____ Date: _____ Received By: _____

Class is \$30; each additional \$15

NOTES: _____ Registration # _____

CONSENT TO MEDICAL TREATMENT OF MINOR

If the applicant is under 18 years of age, the parents or guardians must execute this document.

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by, or illness of, said minor while he/she is/was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries to, or illness of, said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf, of that of the minor, to save, hold harmless and indemnify the City of Escanaba, its elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever that may be imposed upon or incurred by said parties because of the participation of the minor in the event shown, and does release said parties on behalf of both the parents or legal guardian.

Event: Young Beginners Swim Classes

Name of Minor: _____

Names of Parents or
Guardian: _____

Address: _____ City/State: _____

Phone: _____

Parent or Guardian's
Signature: _____

Date: _____