

# 2019 Swimming Lesson Registration

Kensington EVK Memorial Swimming Pool

Please select the session you wish to register for:

Classes run Mon-Thurs (Friday is available for make-up classes due to weather)

<b>Session 1: July 2 – July 12, 2019</b>				
<b>Program</b>	<b>9:30 – 10:00 AM</b>	<b>10:00 –10:30 AM</b>	<b>10:30-11:15 AM</b>	<b>11:15-12:00 PM</b>
<b>Preschool</b>	Preschool 1,2,3	Preschool 4,5		
<b>Swimmer</b>	Swimmer 1 Swimmer 1 Adv.	Swimmer 2 Swimmer 2 Adv.	Swimmer 3,4 Swimmer 5,6	
<b>Fitness</b>				Fitness Swim
<b>CAD Swim Patrol (1 hr)</b>				Rookie/Ranger/Star
<b>Session 2: July 15 – July 26, 2019</b>				
<b>Program</b>	<b>9:30 – 10:00 AM</b>	<b>10:00 –10:30 AM</b>	<b>10:30-11:15 AM</b>	<b>11:15-12:00 PM</b>
<b>Preschool</b>	Preschool 1,2,3	Preschool 4,5		
<b>Swimmer</b>	Swimmer 1 Swimmer 1 Adv.	Swimmer 2 Swimmer 2 Adv.	Swimmer 3,4 Swimmer 5,6	
<b>Fitness</b>				Fitness Swim
<b>CAD Swim Patrol (1 hr)</b>				Rookie/Ranger/Star
<b>Session 3: July 29 – August 9, 2019</b>				
<b>Program</b>	<b>9:30 – 10:00 AM</b>	<b>10:00 –10:30 AM</b>	<b>10:30-11:15 AM</b>	<b>11:15-12:00 PM</b>
<b>Preschool</b>	Preschool 1,2,3	Preschool 4,5		
<b>Swimmer</b>	Swimmer 1 Swimmer 1 Adv.	Swimmer 2 Swimmer 2 Adv.	Swimmer 3,4 Swimmer 5,6	
<b>Fitness</b>				Fitness Swim
<b>CAD Swim Patrol (1 hr)</b>				Rookie/Ranger/Star
<b>Session 4: August 12 – August 23, 2019</b>				
<b>Program</b>	<b>9:30 – 10:00 AM</b>	<b>10:00 –10:30 AM</b>	<b>10:30-11:15 AM</b>	<b>11:15-12:00 PM</b>
<b>Preschool</b>	Preschool 1,2,3	Preschool 4,5		
<b>Swimmer</b>	Swimmer 1 Swimmer 1 Adv.	Swimmer 2 Swimmer 2 Adv.	Swimmer 3,4 Swimmer 5,6	
<b>Fitness</b>				Fitness Swim
<b>CAD Swim Patrol (1 hr)</b>				Rookie/Ranger/Star

**Private and Semi-Private Sessions are available in the afternoon at 5:00, 5:30 and 6:00 pm.**  
To schedule, contact Town Hall at 902-836-3781 or email [mateogomezangulo@gmail.com](mailto:mateogomezangulo@gmail.com)

**2019 Swimming Lesson Registration**  
Kensington EVK Memorial Swimming Pool

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your child have any medical or special needs we should know about?:  
\_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Swimming Lesson Prices:** \$65.00 for 1 child  
\$55.00 per additional child

**Method of Payment:**      Cash \_\_\_\_\_      Debit \_\_\_\_\_  
   Check \_\_\_\_\_      Online \_\_\_\_\_

**Informed Consent and Waiver/Release**

I, the undersigned, as the parent or legal guardian of the child listed on this form in consideration of the request and permission of my son/daughter to participate in the EVK Swimming Lessons, hereby assume full responsibility for all risks of injury or loss which may result from my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge the Town of Kensington, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person and persons, or damage to or loss or destruction of any property arising or resulting from swimming, or any related activity of my son's/daughter's participation in the aforementioned program and occurring before, during, or after said participation or any time subsequent thereto, save and except that the above provisions shall not be applicable to injury to or death of persons, or damage to or loss of property arising out of the sole negligent acts or omissions of the Town of Kensington, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk for my son/daughter, heirs executors and administrators and for all my family members.

I understand, agree, and acknowledge that there are risks inherent in the sports activities conducted by the EVK Swimming Pool including, but not limited to, paralyzing injuries, brain injuries, and death. These activities may be of a hazardous nature and/or may include activities such as swimming, a variety of strenuous exercise, and vigorous physical activities. With the full understanding of the facts, I state that, to the best of my knowledge, my son/daughter listed on this application has no medical, physical, mental or emotional health condition which would hinder or prevent his/her active participation in the EVK Swimming Lesson programs.

**Photos**

I also understand that Photos are occasionally taken at the EVK Swimming Pool and that any photo taken of my child may be used to the Town of Kensington publicity purposes.

I have read and understand, and I agree with the informed consent and release outlined above as it relates to my son/daughter

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

