

Chester Parks and Recreation
2022 Cedar Lake Swimming Lesson Registration

The swimming lessons offered by the Park and Recreation Commission are open to Chester residents AND nonresident park pass holders. Park passes must be purchased before the space will be held. The small group classes meet Mondays, Tuesdays, and Wednesdays, with Thursdays and Fridays for rain-day make-up classes. There are 6 45-minute classes during the 2-week session. Please call 526-0013, extension 223, if you have any questions. Completed registration forms and a fee of \$30 (checks made payable to the "Town of Chester") may be returned to Chester Elementary School, left in the Parks and Recreation mailbox, upstairs in the Town Hall or mailed to:

Town of Chester, Chester Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412
or email your form to parkrec@chesterct.org and use the credit card option at
<http://chesterct.org/town-government/parks-recreation-commission/>

Please circle the class time requested.

Class dates: July 25, 26, 27, August 1, 2, and 3 (Severe weather make-up days on July 28, 29, August 4, 5)

**Non-swimmers cannot yet float or make forward progress without assistance or flotation aides.
Intermediate students can float and make forward progress without touching bottom or any assistance.
The Advanced class works on introducing, improving, and strengthening a variety of strokes.**

Parent/Child ages 2 & 3	11:00am-11:45am	Parent/Child ages 3 & 4	12:00pm-12:45pm
Nonswimmer ages 3 & 4	1:00pm- 1:45pm	Nonswimmer ages 5, 6, 7	2:00pm- 2:45pm
Intermediate	3:00pm- 3:45pm	Advanced	4:00pm- 4:45pm
	Intermediate	5:00pm- 5:45pm	

Child's Name: _____
Age: _____
Parent or Guardian's Name: _____
Address: _____ email: _____
Home Phone: _____ Daytime Phone if Different: _____

Additional People to Contact in Case of Emergency:
Names: _____ Phone: _____
_____ Phone: _____

The following people have my permission to pick up my child after class:

Name of Physician: _____ Phone: _____

PLEASE INDICATE AT THE TOP OF THIS FORM if you do not wish your CHILD'S PHOTO to appear in newspapers, on the town web site, in Parks and Recreation flyers or e-mails, or on school or public bulletin boards.

I give permission for my child to participate in the Chester Parks and Recreation Swimming Lessons Program. I give permission for employees of the Chester Parks and Recreation Department to seek medical attention in the event my child's physician, nor I, can be contacted, or in the case of an emergency. **I understand that there are inherent risks to this activity and I accept those risks.**

Signature of Parent or Guardian Date