Robinson Township Swim Lessons

American Red Cross Learn to Swim Program Levels 1-6

Ages 4+

Resident: $45/session • Non-Resident: 60/session

Proof of Residency Required for Resident Rate

Morning Sessions:
Monday - Friday
Group 1 9:40 - 10:10 a.m.
Group 2 10:20 – 10:50 a.m.

Session One:
June 12-13-14-15-16 & June 19-20-21-22-23
Session Two:
July 3-4-5-6-7 & July 10-11-12-13-14
Session Three:
July 24-25-26-27-28 & July 31-Aug. 1-2-3-4

Evening Session

Monday – Friday
Group 1 7:10 – 7:40 p.m.
Group 2 7:50 – 8:20 p.m.

Session One:
June 12-13-14-15-16 & June 19-20-21-22-23

Parent/Guardian: _

Child's Name: _ **Child's Age:** _

Address: _

Phone: _ **Cell:** _

Emergency Contact: _ **Phone:** _

Group 1 ☐ **Group 2** ☐

Session Requested: ☐ **Morning Session** ☐ **Evening Session (Session one Only)**

Session Number:

☐ **Session One**
June 12-13-14-15-16
June 19-20-21-22-23

☐ **Session Two**
July 3-4-5-6-7
July 10-11-12-13-14

☐ **Session Three**
July 24-25-26-27-28
July 31-Aug. 1-2-3-4

Level Requested: _ **Total Due: $**

STATEMENT OF UNDERSTANDING AND RELEASE

We, the undersigned, as parents and guardians of _ **hereby enroll our minor child in the Township of Robinson American Red Cross Learn to Swim Program.**
In so enrolling our child, we recognize and agree that:

(1) *** Note; Any cancellation requesting a refund for any reason will result in a $10 Fee***
(2) Participation in programs and recreation activities can result in serious injuries and disabilities to our child;
(3) As the parent/guardian of said child, we are responsible for any and all medical expenses and/or injuries sustained to while participating in the said Program;
(4) Health insurance coverage for the participant is not provided by the Township of Robinson. Responsibility for providing medical insurance, if any, is that of the parents and/or guardians;
(5) In consideration of the Township accepting our child in the American Red Cross Learn to Swim Program, we hereby release and hold harmless the Township of Robinson, its officers and employees, from any and all liability for any injury, disability or claim that might arise by reason of participation in the Program.
(6) Photos may be taken during the sessions and published in local publications, web media, and/or videos.

Signature of
Parent/Guardian:

Date: