

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY BEFORE SIGNING!

Dear Parents,

The Town of Guilford will be offering swimming lessons at Guilford Lake beginning Monday, July 1st, 2019 through Friday, August 2nd, 2019. They will range from Level 1 (Beginners) to Level 7 (Advanced Swimmers). Toddlers must be accompanied by an adult.

In consideration of my (our) child being permitted to participate in the above program, the undersigned accept full responsibility for insurance coverage for the child's participation, as well as for the child's conduct while participating in the program. Further, the undersigned assume (s) all risks and hazards incidental to such participation including transportation to and from activities, and I (we) do hereby waive, release, absolve, identify and agree to hold harmless the Town of Guilford and its recreation program and their agents, servants, volunteers and employees, and any part of the program's organizers, sponsors, supervisors, participants and persons transporting any child to and from activities, from any and all liability, claims, demands, cause of causes of action for any and all claims that may arise out of my (our) child's participation in the above program.

Please do not allow your child to bring valuables or money to the program. We cannot be responsible for loss or theft.

My son/daughter has permission to participate in the Guilford Swimming Program. I hereby release the Guilford Swimming Program and any person involved in instruction, supervision, or transportation of this program from any responsibility and/or claims that may result if my son/daughter is injured during this time.

_____ / ____ / 2019 * _____ *

Parent/Guardian Signature

Child's Name: _____ Age _____ DOB / / Grade _____

911 Address _____

Parents Name: _____ Parents Name: _____

Address: _____ Address: _____

City: _____ State: _____ City: _____ State: _____

Home#: _____ Work#: _____ Home#: _____ Work#: _____

MEDICAL INFORMATION:

Doctor's name and phone #: _____ Allergies (if any): _____

EMERGENCY CONTACTS: (name, address and Phone #)

1. _____

2. _____

NOTE: WE WILL NEED ONE SLIP FOR EACH CHILD REGISTERING IN THE PROGRAM.

Free Bag Lunch

Bainbridge-Guilford Central School is offering to provide a free bag lunch this year. Please check the appropriate line below indicating whether your child is interested in receiving the free lunch.

Yes _____ No _____

******PLEASE READ BEFORE SIGNING******

In consideration of my (our) child being permitted to participate in the above program, the undersigned accept full responsibility for insurance coverage for the child's participation, as well as for the child's conduct while participating in the program.

Further, the undersigned assumes (s) all risks and hazards incidental to such participation including transportation to and from activities, and I (we) do hereby waive, release, absolve, identify, and agree to Hold Harmless the Town of Guilford and its recreation program, and their agents, servants, volunteers, and employees, and any part of the programs organizers, sponsors, supervisors, participants, and persons transporting any child to and from activities, from any and all liability, claims, demands, cause of causes of action for any and all claims that may arise out of my (our) child's participation in the above program.

**** Crude behavior or language will not be tolerated during the program. Warnings will be given if needed and can mean exclusion from the program. If a problem occurs and your child is excluded and wishes to participate in the program again, the parent/guardian may request to meet with the committee and counselor(s) for reconsideration ****

*** Please do not allow your child to bring valuables or money to the program. We cannot be responsible for loss or theft. ***

My son/daughter has permission to participate in the Guilford Swimming Program. I understand my child is to be dropped off at Guilford Lake.

I hereby release the Guilford Swimming Program and any person involved in instruction/supervision of this program from any responsibility and/or claims that may result if my son/daughter is injured during this time.

July _____, 2019
Date

Parent/Guardian Signature