

Town of Rosendale Pool

Swim Lesson Sign Up, Permission Form and Assumption of Risk Agreement 2024

Child's Name: _____
First and Last (Please Print)

Age: _____

Gender (Circle One): M or F

Residency (Circle One): Resident Child Non-Resident Child

After deciding which session(s) your child will attend, please write which time slot next to the correct session. Also indicate which level your child will enter at the beginning of lessons. For those doing more than one session, your child's level for the second session will be decided by the teacher.

Session 1: July 1st - July 12

Session 2: July 15 - July 26

Session 3: July 29 - August 9

Time slots for all three sessions:

9:00 - 9:30 - Levels 1,2,3

9:30 - 10:00 - Levels 1,2,3

10:00 - 10:30 - Levels 1,2,3

10:30 - 11:00 - Levels 4, 5

11:00 - 11:30 – Sensory Friendly

Sessions Attending	Time	Level
Session 1 (7/1 - 7/12)		
Session 2 (7/15 - 7/26)		
Session 3 (7/29 - 8/9)		

Emergency contact information below:

Name:	Phone number:
Relationship:	Alternate Phone:

**Town of Rosendale Pool
Swimming Lesson
Assumption of Risk 2024**

Child's Name: _____
(Please Print)

I understand that my child will be participating in swimming and water activities involving use of the pool, park facilities and equipment.

I have been given an opportunity to investigate said program and have independently answered all questions concerning said activities and the supervision of my said child, to my complete satisfaction.

I, undersigned, hereby agree to assume all risk associated with said program and to indemnify and hold harmless the Town of Rosendale and the Recreation Commission from any and all damages resulting from liability arising out of said program and all activities relating thereto.

I have read this permission form and Assumption of Risk Agreement and fully understand the same.

This agreement may not be changed or modified orally. I have not relied on any representatives of the Town of Rosendale or the Rosendale Recreation Commission, its directors, agents, servants, or employees not expressly contained herein.

Parent/Guardian (Please print): _____

Parent/Guardian Signature: _____

Date: _____

**Town of Rosendale Pool
Swim Lesson
Payment Record 2024**

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

(To be filled out by cashier)

Lesson Fees:

Resident Child	\$50.00 each, per session
Non-Resident Child	\$75.00 each, per session

Fees: \$ _____ Check #: _____ Cash: _____ CC: _____

Date Paid: _____ Rec'd by: _____