



**BCRD**

BLAINE COUNTY  
RECREATION DISTRICT

## 2010 SWIM SCHOOL

Childs Name \_\_\_\_\_  
 Age \_\_\_\_\_ M  F   
 Mailing Address/City/State \_\_\_\_\_  
 E-Mail (for BCRD use only) \_\_\_\_\_  
 Legal Guardian \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Name of person/daycare taking child to class:  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 Last class taken \_\_\_\_\_  
 Did he/she pass last class?  Yes  No

### OFFICE USE ONLY

CLASS \_\_\_\_\_  
 SESSION \_\_\_\_\_  
 TIME \_\_\_\_\_  
 PAID \_\_\_\_\_ DATE \_\_\_\_\_  
 CHRG  CHECK  CASH  
 INITIALS \_\_\_\_\_

**FEE: \$42.00 per 2 week session (instructional session)**

**A \$10.00 cancellation fee will be charged.**

**PAYMENT IS REQUIRED TO RESERVE CLASS SPACE**

**• EVERY EFFORT IS MADE TO RESCHEDULE CLASSES CANCELED DUE TO BAD WEATHER •**

**MEDICAL:** Please list any special problems your child may have \_\_\_\_\_

#### Parents Consent & Responsibility:

I hereby certify that the named child/ward \_\_\_\_\_ is physically fit, has medical insurance and has been given consent to participate in aquatic activities. I understand that all safety precautions will be taken, but in the event of accident or injury, BCRD, coaches or agents cannot be held responsible and I do hereby waiver, relinquish, and release all rights to damages that may be sustained. This waiver also gives BCRD permission to take and use photographs of my child participating in the program for publicity purposes. Staff members have my permission to seek emergency treatment, if needed.

Signed \_\_\_\_\_

Date \_\_\_\_\_

#### SWIMMING ABILITY: Assess your child's swimming abilities

	YES	NO		YES	NO		YES	NO
Water shy	<input type="checkbox"/>	<input type="checkbox"/>	Front Float	<input type="checkbox"/>	<input type="checkbox"/>	Swim Pool Length	<input type="checkbox"/>	<input type="checkbox"/>
Jump into water	<input type="checkbox"/>	<input type="checkbox"/>	Back Float	<input type="checkbox"/>	<input type="checkbox"/>	Crawl Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Deep Water Confidence	<input type="checkbox"/>	<input type="checkbox"/>	Underwater Swim	<input type="checkbox"/>	<input type="checkbox"/>			

**PREFERRED TIME:** (Some classes are available only at certain times. Check with us to find out when the class you want is offered!)

10:30  11:00  11:30  12:00 (3 yr. olds only)  12:20 (3 yr. olds only)

Evening Mommy, Daddy & Me

#### PREFERRED SESSION:

#1) June 14 - June 24

#3) July 12- July 22

#5) Aug 9- Aug 19

#2) June 28 - July 8

#4) July 26 - Aug 5