

Raymond Association 2017 Summer Swim Program

SWIMMER NAME: _____ AGE: _____

Please Circle or Highlight Best answer for Swimmer.

1. In the water, I am ... Not Comfortable ... Comfortable ... Very Comfortable.
2. I can hold my breath under water ... Not at All ... For 3 Seconds ... For 5+ seconds.
3. I can float on my stomach ... Not at All ... A Little Bit ... Very Well.
4. I can float on my back ... Not at All ... A Little Bit ... Very Well.
5. I can dive ... Not at All ... A Little Bit ... Very Well.
6. I know these basic swimming strokes:

☐ Front Crawl ☐ Back Crawl ☐ Breast Stroke ☐ Side Stroke ☐ Elementary Back Stroke

Check payable to **Raymond Recreation.**
Mail form and payment to:
Lisa Magiera, PO Box 565, Casco, ME 04015

Registration deadline June 15th but to ensure space, please send in as soon as possible

REGISTRATION:

Swimmer Name _____ Parent Name _____

Address _____ Town _____ Zip _____

Phone 1 _____ Phone 2 _____ Date of Birth _____

Email _____ Health information _____

Liability Waiver and Medical Release: I _____ hereby release Raymond Recreation Association, its employees, agents, officers and volunteers from any liability claims, demands or suits for property damage, personal injury or death, which could arise out of the course of participating in this program. I understand that this activity involves physical exercise and perhaps a health risk and I will release Raymond Recreation Association from any claims. I also grant permission for emergency medical attention should I not be able to be reached at the telephone numbers provided. I grant permission to Raymond Recreation Association to use photos from their programs in any and all publications or promotions without payment or consideration. Names will not be used in conjunction with the photos unless other permission is granted.

Signature _____ Date _____