



Raymond Recreation Association Presents:
Swim Lessons at Crescent Lake Beach
Daily: Monday – Friday July 8-19, 2019

- | | |
|--------------------|--|
| 8:15-8:55 | Level 4 & 5: Advanced Stroke Refinement |
| 9:00-9:40 | Level 3: Intermediate |
| 9:45-10:25 | Level 2 & 3: Strong Beginner |
| 10:30-11:10 | Level 2: Beginner |
| 11:15-11:45 | Level 1: Introductory |
| 11:50-12:20 | Parent / Child Class For Kids 3-4 years Old |

Program Fee: \$55 per Student. Scholarships available.

FMI www.bkdfitness.com or Contact Certified Lifeguard and Instructor:

Lisa Magiera at 627-7170 or, bkdfitness@gmail.com

Please register ASAP. We will confirm your class time as soon as we can!

Payment to **Raymond Recreation. Send to: Lisa Magiera, PO Box 565, Casco, ME 04015**

SWIMMER NAME: _____ AGE: _____



Please Circle or Highlight Best answer for Swimmer.

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

Circle ARC Level if known:

I II III IV V

- Front Crawl Back Crawl Breast Stroke Side Stroke Elementary Back Stroke

REGISTRATION:

Swimmer Name _____ Parent Name _____

Address _____ Town _____ Zip _____

Call this # 1st _____ Call this # 2nd _____ Text this # _____

Email _____ Health information _____

Liability Waiver and Medical Release: I _____ hereby release Raymond Recreation Association, it's 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 _____