Chester Parks and Recreation Cedar Lake
Swimming Lesson Registration

The swimming lessons offered by the Park and Recreation Commission are open to Chester residents and and nonresident park pass holders. Park passes must be purchased before the space will be held. The small group classes meet Mondays, Tuesdays, Thursdays, Fridays and the following Mondays and Tuesdays. Severe weather make-up days are scheduled for the Thursdays and Fridays of the second week during each session. There are no swimming lessons on Wednesdays. Please call 526-0013, extension 223, if you have any questions. Completed registration forms and a fee of $40 per 6 class session (checks made payable to the "Town of Chester") may be returned to Chester Elementary School, left in the Parks and Recreation mailbox, upstairs in the Town Hall or mailed to:

Town of Chester, Chester Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412

Please circle the session(s) and class requested.

Session 1: July 9, 10, 12. 13, 16 and 17 (Severe weather make-up days on July 19 and 20)

Session 2: July 30, 31, August 2, 3, 6, and 7 (Severe weather make-up days on August 9 and 10)

Classes: Nonswimmer 1:00-1:25 Swimmer 1:35-2:10 Nonswimmer 2:20-2:45

Nonswimmer 2:55-3:20 Swimmer 3:30-4:05 ***Advanced Swimmers by appointment***

Child's Name:_____

Age:_____ Entering Grade:_____

Parent or Guardian's Name:_____

Address:_____ email:_____

Home Phone:_____Daytime Phone if Different:_____

Additional People to Contact in Case of Emergency:

Names:_____Phone:_____

_____ Phone:_____

The following people have my permission to pick up my child after class:

_____

_____

Name of Physician:_____Phone:_____

Name of Dentist:_____Phone:_____

Please list any conditions that your child has, that should be brought to the attention of the Swimming Instructor.

_____

_____

_____

I give permission for my child to participate in the Chester Parks and Recreation Swimming Lessons Program. I give permission for employees of the Chester Parks and Recreation Department to seek medical attention in the event my child's physician, nor I, can be contacted, or in the case of an emergency. I understand that there are inherent risks to this activity and I accept those risks.

_____

Signature of Parent or Guardian Date