

# American Red Cross SWIM LESSONS Levels I to VI

**BOYS & GIRLS-Ages 5 & older**

**BOWDOIN COLLEGE, GREASON POOL at FARLEY FIELD HOUSE**

**SESSION I:**

July 6 to July 17  
Monday – Friday  
Classes offered at 8:00 or 8:55 a.m.  
**Brunswick Residents \$47.00**  
**Non-Residents \$63.00**

**SESSION II:**

July 20 to July 31  
Monday - Friday  
Classes offered at 8:00 or 8:55 a.m.  
**Brunswick Residents \$47.00**  
**Non-Residents \$63.00**



The Brunswick Parks and Recreation Department is offering American Red Cross Swim Lessons this summer at the Bowdoin College, Greason Pool. Historically, this program has been extremely popular. The pool at Bowdoin is suited for both shallow and deep water instruction. The 10-lesson program offers instruction in Levels I through VI. Participants must arrange for their own transportation. **Health Insurance is a requirement in order to participate in this program. Policy information must be filled out below.** Registrations are accepted at the Brunswick Recreation Center, 30 Federal St. For more information call 725-6656. Visit us online at [www.brunswickme.org/parkrec](http://www.brunswickme.org/parkrec)

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656.

✂**Detach & return with fee to the Recreation Center, 30 Federal St., by July 2, 2009.** Office hours Mon-Fri, 8:00 a.m. to 4:30 p.m. ✂

**BRUNSWICK PARKS & REC DEPT.  
SWIM LESSONS, BOWDOIN 2009**

**FEE:** Sessions I & II \$47 Res. / \$63 NR (per session)

For Office Use

Date \_\_\_\_\_

Amt\$ \_\_\_\_\_

Rec# \_\_\_\_\_

Computer

Please Print

NAME \_\_\_\_\_ BOY  GIRL  AGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL/PAGER \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_ GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

EMERGENCY CONTACT (other than parent): \_\_\_\_\_

DAY PHONE \_\_\_\_\_ CELL \_\_\_\_\_

**PLEASE CHECK (✓) PREFERRED SESSION/TIME(S):**

**SESSION I 8:00 a.m. (121176-01)**  
 Level I  Level II  Level III  Level IV  Level V  Level VI

**SESSION I 8:55 a.m. (121176-02)**  
 Level I  Level II  Level III  Level IV  Level V  Level VI

**SESSION II 8:00 a.m. (121176-03)**  
 Level I  Level II  Level III  Level IV  Level V  Level VI

**SESSION II 8:55 a.m. (121176-04)**  
 Level I  Level II  Level III  Level IV  Level V  Level VI

\*ALLERGIES/PHYSICAL or EMOTIONAL LIMITATIONS \_\_\_\_\_



\*WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE?  YES  NO

I give permission for my, above named, child to participate in the American Red Cross Swim Program at Bowdoin College, Greason Pool.

Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN NAME (S) Please Print \_\_\_\_\_