



*Need a vacation
full of Sun, Sand,
and Swimming?*

Well how about just the swimming?

**Sign up for
Swimming Lessons
and
Free Open Swim**



***Tuesday, January 10, 2012
5:30-7:30 p.m. at Kendall Town Hall***

**Swimming Lessons:
\$30.00 for Town of Kendall Residents
\$35.00 for Non-Kendall Residents**

**Open Swim:
Free**

Dates: Saturdays - January 21, January 28, February 4,
February 11, February 18, February 25

Time: 2:00-5:00 p.m. (½ hr. sessions, individual times to be determined)

Instructor: Diane Hennekey

Location: SUNY College at Brockport, Tuttle North Facility

**For information about these and other Kendall Recreation
activities contact Barb Flow by phone at 659-9184 or email at
recreation@townofkendall.com**

**VISIT OUR WEB PAGE
WWW.TOWNOFKENDALL.COM/RECREATION.HTM**

KENDALL RECREATION 2012 SWIM PROGRAM REGISTRATION

ONE (1) FORM PER PLAYER PLEASE. PLEASE PRINT NEATLY. USE BLUE OR BLACK INK ONLY PLEASE. FORM MAY BE COPIED.

Swimming Lessons

Name _____ M / F Age _____ Birth date _____
LAST NAME FIRST NAME MIDDLE INITIAL

Address _____ Home Phone _____

Town _____ Zip code _____ Teacher _____ Grade _____

Parent _____ Parent _____
LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE INITIAL

Allergy /Medical INFORMATION _____

Emergency Telephone _____ Cell Phone _____ Email _____

Kendall Recreation has permission to publish pictures and full names of participants? YES or NO (PLEASE CIRCLE ONE)

This program DOES NOT provide health and accident insurance as most families already carry such coverage. Because of this, we ask that you, as a parent/guardian, recognize the element of risk and agree to assume responsibility for yourself and your children. Please provide the following information.

Name of Parent/Guardian whose name is on policy _____

Insurance Company _____ PolicyNumber _____

IF YOU DO NOT HAVE HEALTH AND ACCIDENT INSURANCE, PLEASE SIGN BELOW INDICATING THAT YOU ARE AWARE THAT THE TOWN DOES NOT PROVIDE HEALTH AND ACCIDENT INSURANCE AND THAT YOU WILL BE RESPONSIBLE FOR ANY COSTS FOR INJURIES WHICH ARE SUSTAINED BY YOUR CHILD OR YOURSELF WHILE PARTICIPATING IN THIS PROGRAM.

Signature of Parent/Guardian (Do NOT sign if you have Health Insurance, so indicated above) Date _____

Parent's Release and Indemnity Agreement

In consideration of the sums of money expended by the Town of Kendall, the officers and supervisors and/or sponsors to provide for training, equipment and supervision for the minor named above, and other good and valuable consideration, the undersigned parent and guardian of said minor does forever release, discharge and covenant to hold harmless the above mentioned Town of Kendall, its officers and supervisors and/or sponsors and any other volunteer person, their heirs, administrators, executors successors and assigns, from any and all claims, demands, damage costs, expenses, loss of service action, and causes of action belonging to the said minor or to this undersigned resulting from or alleged to have resulted from the participation of said minor in Town sponsored authorized recreation activities. It is further understood that the Town of Kendall does not provide for medical/accident insurance for any of its youth recreation sports programs and it is the sole responsibility of the undersigned parent/guardian to provide such coverage. The undersigned hereby gives permission for the said minor to participate in Town sponsored authorized recreation activities under the sponsorship of the Town of Kendall.

Parent/Guardian Signature Date _____

Program/Sport: SWIM 2012	
Amount Due for Program: _____	Make checks payable to: KENDALL RECREATION
Non-Kendall resident, add \$5: _____	Name printed on Check: _____
Total Amount Paid: _____	In Cash: _____ or Check #: _____

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Open Swim

Name _____ M / F Age _____ Birth date _____
LAST NAME FIRST NAME MIDDLE INITIAL

Allergy /Medical INFORMATION _____

Name _____ M / F Age _____ Birth date _____
LAST NAME FIRST NAME MIDDLE INITIAL

Allergy /Medical INFORMATION _____

Name _____ M / F Age _____ Birth date _____
LAST NAME FIRST NAME MIDDLE INITIAL

Allergy /Medical INFORMATION _____

Name _____ M / F Age _____ Birth date _____
LAST NAME FIRST NAME MIDDLE INITIAL

Address _____ Home Phone _____

Town _____ Zip code _____

Parent _____ Parent _____
LAST NAME FIRST NAME MIDDLE INITIAL LAST NAME FIRST NAME MIDDLE INITIAL

Emergency Telephone _____ Cell Phone _____ Email _____

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Date _____

Parent/Guardian Signature