

**2011 TROY RECREATION DEPARTMENT  
SWIM LESSONS  
(NO CLASSES ON MONDAY JULY 4)**

Participant's Name \_\_\_\_\_ Male/Female  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 (street) (city) (zip)  
 Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
 Parent's Name \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

<b>Parent &amp; Tot Swim (6 mos.-3 yrs.)</b> 10:20-10:50 a.m.	<b>4 Yr. Old Swim</b> (Class Limit of 10) 10:20-10:50 a.m.	<b>5 Yr. Old Swim</b> (Class Limit of 10) 10:20-10:50 a.m.		
____ Session I	June 13-June 23	N/A	4 Yr. Old Swim	5 Yr Old Swim
____ Session II	June 27-July 8	N/A	4 Yr. Old Swim	5 Yr Old Swim
____ Session III	July 11-July 21	Parent & Tot Swim	4 Yr. Old Swim	5 Yr Old Swim
____ Session IV	July 25-August 4	Parent & Tot Swim	4 Yr. Old Swim	5 Yr Old Swim
____ Session V	August 8-August 18	N/A	4 Yr. Old Swim	5 Yr Old Swim

**Youth Swim (Ages 6-17)**

**Class Limit of 30**

**Participants will be grouped with their appropriate skill level after the first day of class.**

**Participant registers for session and time that best suits your schedule.**

____ Session I	June 13-June 23	9:00-9:30 a.m.	9:40-10:10 a.m.
____ Session II	June 27-July 8	9:00-9:30 a.m.	9:40-10:10 a.m.
____ Session III	July 11-July 21	9:00-9:30 a.m.	9:40-10:10 a.m.
____ Session IV	July 25-August 4	9:00-9:30 a.m.	9:40-10:10 a.m.
____ Session V	August 8-August 18	9:00-9:30 a.m.	9:40-10:10 a.m.

**NOTE: CLASSES RUN MONDAY - THURSDAY**

**REGISTRATION FEE: \$20.00 PER SESSION for TROY AQUATIC PARK MEMBERS  
\$32.00 PER SESSION for NON – TROY AQUATIC PARK MEMBERS**

**AMOUNT PAID \$ \_\_\_\_\_**

**WAIVER AND RELEASE**

We, the undersigned being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate in the Youth Swim Lessons. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the swim program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 (parent or legal guardian)

**REFUND POLICY:** The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of the area before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.