

CITY OF NEW HAVEN

WWW.NEWHAVENMO.ORG
101 FRONT STREET
PO BOX 236
NEW HAVEN, MO 63068



PHONE 573-500-2530

INFO@NEWHAVENMO.ORG

FAX 573-237-4696

Swimming Lessons Application

\$75.00 per child. Cash or check payable to New Haven Park Board

Pre-School Aquatics	Beginner	Intermediate
For children under the age of 5 – a guardian must be present at all times. Sunday sessions: 9:30 -10:30 or 10:30 -11:30 am	For children aged 5 and over with no previous swimming instruction. Monday or Friday sessions: 10:30 -11:30 am	For children aged 5 and over with previous swimming instruction. Tuesday or Saturday sessions: 10:30 -11:30 am

Swimming is a valuable skill that provides both recreational enjoyment & essential safety.

Our swimming lessons are designed to cater to various skill levels, from beginners to intermediate swimmers. Whether your goal is to learn the basics or enhance your technique, our experienced instructors are here to guide you every step of the way.

Parent/Legal Guardian Information:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Health & Safety

For the safety of all participants, please answer the following questions(identify each child by name):

Do you have any medical conditions or allergies that the instructor should be aware of?

Are you currently taking any medication that may affect your ability to swim?

Have you had any previous swimming injuries?

Participant #1 Information:

Name: _____ DOB: _____

Emergency Contact Name & Number: _____

Choose one of the sessions below:

Preschool Aquatics	☐ SUN 9 :30-10 :30	☐ SUN 10 :30-11 :30
Beginner	☐ MON 10:30-11:30	☐ FRI 10 :30 – 11 :30
Intermediate	☐ TUES 10 :30-11 :30	☐ SAT 10 :30-11 :30

Participant #2 Information:

Name: _____ DOB: _____

Emergency Contact Name & Number: _____

Choose one of the sessions below:

Preschool Aquatics	☐ SUN 9 :30-10 :30	☐ SUN 10 :30-11 :30
Beginner	☐ MON 10:30-11:30	☐ FRI 10 :30 – 11 :30
Intermediate	☐ TUES 10 :30-11 :30	☐ SAT 10 :30-11 :30

Participant #3 Information:

Name: _____ DOB: _____

Emergency Contact Name & Number: _____

Choose one of the sessions below:

Preschool Aquatics	☐ SUN 9 :30-10 :30	☐ SUN 10 :30-11 :30
Beginner	☐ MON 10:30-11:30	☐ FRI 10 :30 – 11 :30
Intermediate	☐ TUES 10 :30-11 :30	☐ SAT 10 :30-11 :30

Terms & Conditions

By applying for our swimming lessons, you agree to the following terms and conditions:

1. Participants must follow the safety instructions always provided by the instructors.
2. Lessons must be canceled at least 24 hours in advance to reschedule without penalty.
3. Payment for lessons is required upfront and is non-refundable after the 1st lesson commences.

Please Sign and Date below to confirm your application & acceptance of the terms and conditions:

Parent/Legal Guardian Signature:

Date: _____

<i>Office Use Only</i>
Paid \$ _____
Date _____
Receipt No. _____

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Participant Waivers RELEASE OF LIABILITY PLEASE READ CAREFULLY

I, _____, for myself, my heirs, and my personal representatives hereby assume all risk of personal injury or death from whatever causes arising, while I am participating in swimming lesson activities, which may be dangerous and risky, and release the City of New Haven, Missouri, its officers, agents, lessees, invitees and employees from any liability therefore, directly or indirectly, and will defend, indemnify and save harmless the City, its officers agents, lessees, invitees and employees from any such liability, whether or not arising out of negligent or willful actions or the failure to act, including the City's own negligence. The consideration for my agreements herein is my being allowed to engage in the activity identified above. (Further, I certify that I am over 18 years of age.)

Dated this _____ day of _____, 20__.

Signature

Witness

Printed Name

Printed Name

If participant is under the age of 18 years, the following section must be completed.

I, _____, being a parent or legal guardian of _____, a child, for myself, my heirs and my personal representatives, hereby agree to defend, indemnify, and save harmless the City of New Haven, Missouri, its officers, agents, lessees, invitees, and employees, from any action brought by or on behalf of the above-named child arising out of the activity identified above, which I understand may be dangerous and risky, including the City's own negligence. The consideration for my agreement herein is the City allowing said child to engage in such activity.

Dated this _____ day of _____, 20__.

Signature

Printed Name