



# Otisfield Recreation Department Presents: **Swim Lessons at Otisfield Beach** Weekdays / Daily July 8-12 and 15-19, 2024

8:30-9:00	Level 1	Beginner	10:35-11:15	Level 3	Intermediate
9:05-9:45	Level 2	Strong Beginner	11:20-12:00	Level 4	Advanced
9:50-10:30	Level 2/3 Intermediate				

FMI contact Red Cross Certified Water Safety Instructor:

**Call Lisa Magiera at 627-7170, Text 240-7163 or, renshilisa@gmail.com**

***To best serve your child, Lisa will assign class times and notify you ASAP.***

2-Week Session    Otisfield Residents: \$50 p/child    Non-Residents: \$65 p/child

Deliver Registration to Molly Bielby at the Otisfield Town Office  
Make Payment to **Otisfield Recreation Department**

~ Limited slots available for each class. ~ One adult per family must be present for duration of class.  
~ Priority given in the order of those signed up and paid in full. ~ Financial assistance available for residents.

**SWIMMER NAME:** \_\_\_\_\_ **AGE ON JULY 8:** \_\_\_\_\_

Please Circle or Highlight Best answer for Swimmer.

1. When I put my face in the water, I am ... Not Comfortable ... Comfortable ... Very Comfortable.
2. I can hold my breath under water ... Not at All ... For 3 Seconds ... For 5+ seconds.
3. I can float on my stomach ... Not at All ... A Little Bit ... Very Well.
4. I can float on my back ... Not at All ... A Little Bit ... Very Well.
5. I can dive ... Not at All ... A Little Bit ... Very Well.
6. I know these basic swimming strokes:

- Front Crawl     Back Crawl     Breast Stroke     Side Stroke     Elementary Back Stroke



**REGISTRATION:**

Swimmer Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Call this # 1<sup>st</sup> \_\_\_\_\_ Call this # 2<sup>nd</sup> \_\_\_\_\_ Text this # \_\_\_\_\_

Email \_\_\_\_\_ Health information \_\_\_\_\_

**Liability Waiver and Medical Release:** I \_\_\_\_\_ hereby release Otisfield Recreation Department, it's employees, agents, officers and volunteers from any liability claims, demands or suits for property damage, personal injury or death, which could arise out of the course of participating in this program. I understand that this activity involves physical exercise and perhaps a health risk and I will release Otisfield Recreation Department from any claims. I also grant permission for emergency medical attention should I not be able to be reached at the telephone numbers provided. I grant permission to Otisfield Recreation Department to use photos from their programs in any and all publications or promotions without payment or consideration. Names will not be used in conjunction with the photos unless other permission is granted.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_