



Northern Maine General

37 Carter Street

PO Box 310

Eagle Lake, ME 04739-0310

Website – www.nmgeneral.org

Phone: (207) 444-5152

Toll Free: (866) 321-1999

TTY: (207) 444-2876

Fax (207) 444-2878

2019 Spring Individual Swim Lessons Starting May 6 on Mondays & Wednesdays: May 22- Last Class

Instructor: Tiffany Dionne

- offered to ages 2 +
- 30 minute slots available **STARTING May 6 and ENDING May 22** on both **Mondays and Wednesdays = 6 SESSIONS.**
- **SLOT TIMES:** 4-7pm
- **COST:** \$120 per participant
- **DEADLINE** to register including full payment is April 29, 2019

To register, contact:

**Lauri Raymond,
Community Supports Coordinator
NMG Wellness Center
444-5152, ext. 265.
Lauri.raymond@nmgeneral.org**

Swimming Lesson Registration Form

Individual Preferred Time: _____

Name: _____ Date of Birth: _____ Age: _____

Mailing & Physical Address: _____

Email Address: _____

Home Phone #: _____

Child's Father's Name (print): _____ Work Number: _____

Child's Mother's Name (print): _____ Work Number: _____

Water Adjustment and Swimming Ability:

(How comfortable is registrant in the water? What swimming strokes does he/she know and how well does he/she do them?)

It is good for us to know of any medical conditions registrant may have. Please respond to the following questions in order for us to assist registrant in the event of a medical emergency. All information will remain confidential.

Asthma? YES NO
Diabetes? YES NO
Allergies? YES NO If yes, please list: _____

Medications? YES NO If yes, please list: _____

If your child has any other medical conditions/physical limitations/restrictions that we should know about, please list them.

We want to be able to give your child the best experience in his/her swimming lessons. Is there anything else you think we should know about your child? (example: difficulty learning, passive, aggressive)

I agree to release, discharge, indemnify and hold Northern Maine General and Northern Aquatics harmless for any liability, claims, costs, damages arising out of me or my child participating in said program. I give permission for my child to receive emergency medical treatment if necessary. I authorize that the above-written information is true to the best of my knowledge.

Parent/guardian signature

Date

