



Miss Maple's Nature House Presents:  
**Swim Safety Classes at Crystal Lake**  
**July 11, 12, 13, 18, 19 & 20**

- 1:30-2:05 Level 1 (5-6 yrs) Learning Basic Skills - Nickname: Polliwogs  
 2:10-2:45 Level 2 (6-7 yrs) Basic Skills Development - Nickname: Frogs

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, Wendy and Lisa will assign kids to the proper class.*

Miss Maple's Students: \$90 p/child

Deliver Registration to Wendy Gallant  
 Make Payment to **Miss Maple's Nature House**

~ Limited slots available for each class. Priority given in the order of those signed up and paid in full. ~

**SWIMMER NAME:** \_\_\_\_\_ **AGE ON JULY 11:** \_\_\_\_\_

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 Lisa Magiera, Wendy Gallant, and Miss Maples, 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 Lisa Magiera, Wendy Gallant, and Miss Maples 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 Lisa Magiera, Wendy Gallant, and Miss Maples 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 \_\_\_\_\_