



SUMMER SWIM PROGRAM

FORM 2020



Dear Parent / Guardian:

The Towns of Champlain and Mooers & Villages of Rouses Point and Champlain will be sponsoring an instructional swim program this summer. There will be two (3-week) sessions held at the NCCS High School pool on Route 276 in Champlain. The first session is from **July 6th through July 24th** and the second session is from **July 27th through August 14th**. Your child(ren) will be assigned a session, lesson time (1 hour in length), and centralized bus pick-up point. **Any student that lives in the above Townships and is AGE 5 or OLDER, is eligible to participate in the American Red Cross Progressive Swimming Levels Program.** To attend this Youth Commission program free of charge, you **MUST LIVE** in the Town of Mooers, Town of Champlain, or Villages of Rouses Point or Champlain. If you live outside those tax boundaries, your child may attend the program (if space is available) at a cost of \$40.00 for the 3 week session. Full payment **MUST** accompany registration. No partial payments will be accepted.

The following forms (registration form, emergency form, and waiver) need to be filled out and returned to Jenna Breyette at 12 Stewart Street, Rouses Point, NY, no later than **April 3rd**. All areas of these forms **must** be filled out legibly for the correct scheduling of your child(ren). For families with more than one child, please put all names on both forms so that they can be scheduled together. Select a bus pick-up point for your child(ren) if needed. A finalized schedule will be sent to your child's classroom teacher with his/her session, lesson time, and bus pick-up point before the last week of the 2020 school year.

SWIMMING BUS SCHEDULE 2020

This will be the only time that bus transportation will be provided; which is the 8:30-9:30 times

LESSONS ARE AT NCCS HIGH SCHOOL POOL, ROUTE 276, CHAMPLAIN, NEW YORK

PICK-UP	DROP OFF	LOCATION	ADDRESS
7:45 AM	10:05 AM	MOOERS FIRE DEPARTMENT COMPLEX OFFICE	ROUTE 11 MOOERS, NY
8:00 AM	9:50 AM	CORNER OF CHURCH AND MAIN STREETS	CHAMPLAIN, NY
8:10 AM	9:40 AM	CHAMPLAIN CHILDREN'S LEARNING CENTER	10 CLINTON STREET ROUSES POINT, NY

PLEASE KEEP THIS PAGE FOR REFERENCE



Please return Pages 2, 3, and 4 of the registration form to
Jenna Breyette, 12 Stewart Street, Rouses Point, NY 12979



No later than Friday, April 3rd
REGISTRATION FORM 2020

Child(ren) Information:

Name: _____ Age: _____ DOB: _____ Sex: _____

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1) Will your child(ren) be riding the bus? Yes No If yes, please see Page 3 and complete Bus Note

2) If your child(ren) needs FIRST or SECOND session, please explain here. "NO REQUESTS FOR TIMES"

3) **SPECIFY AMERICAN RED CROSS CLASSIFICATION**

(For multiple children, write the name next to the appropriate level) **AGES 5 AND UP!**

Please Note: If the child(ren)'s swimming level is unknown DO NOT leave this area blank. If this area is left blank, they will not be able to be registered for this year's program. If there are any questions regarding levels, feel free to contact Jenna Breyette at (518) 297-6926; Fredette_jenna@hotmail.com.

Level 1 – Has no swimming skills _____

Level 2 – Has passed Level 1; Can swim with kickboard/unassisted on front and back _____

Level 3 – Can swim 5 yards, front crawl and some back crawl in chest deep water, can swim some in deep water, and can swim on side _____

Level 4 – Can swim front and back crawl 15 yards, knows butterfly motion and kick _____

Level 5 – Can swim front crawl with rotary breathing 25 yds., back crawl 25 yds., elementary backstroke 15 yds., breaststroke 15 yds., and can demonstrate scissor kick _____

Level 6 – Can swim 50 yds. Front crawl and back crawl, 25 yds. Breaststroke, sidestroke, elementary backstroke, and butterfly _____

FORM MUST BE SIGNED/DATED IN ORDER FOR YOU CHILD(REN) TO BE REGISTERED

4) Parent/Guardian Signature _____ Date: _____

5) **SESSION/TIME information sent with which child? (from list above)**

Child's Name: _____

Teacher: _____

BUS NOTE FOR SWIM PROGRAM

TOWN OF CHAMPLAIN/MOOERS, VILLAGES OF ROUSES POINT/CHAMPLAIN

This form must be filled out for any child that will be riding the bus for the summer swim program.

- 1) Will your child(ren) be riding the bus? Yes No
- 2) Please select a bus pick-up point for your child(ren). Check one of the following:
 _____ Champlain Children’s Learning Center (RP) _____ Corner of Church Street and Main Street (CH)
 _____ American Legion (CH) _____ Mooers Fire Department Complex Office (M)
- 3) Childs/childrens Names/Home Address/Phone #: _____

- 4) Person/Persons picking up at bus drop off location: _____

- 5) Address & Phone Number of pick-up person: _____

- 6) Comments/Concerns: _____

- 7) Parent’s Signature _____

<p>SWIMMING BUS SCHEDULE 2020 Time for lessons for bus transportation is 8:30-9:30 Child must be dropped off and picked up at their location. Bus cannot wait beyond times listed or they will be late for lessons.</p>			
LESSONS ARE AT NCCS HIGH SCHOOL POOL, ROUTE 276, CHAMPLAIN, NEW YORK			
PICK-UP	DROP OFF	LOCATION	ADDRESS
7:45 AM	10:05 AM	MOOERS FIRE DEPARTMENT COMPLEX OFFICE	ROUTE 11 MOOERS, NY
8:00 AM	9:50 AM	CORNER OF CHURCH AND MAIN STREETS	CHAMPLAIN, NY
8:10 AM	9:40 AM	CHAMPLAIN CHILDREN’S LEARNING CENTER	10 CLINTON STREET ROUSES POINT, NY

FOR SWIMMING STAFF ONLY	
SWIMMING INSTRUCTORS/REC. DIRECTOR	NOTIFIED BUS DRIVER <input style="width: 30px; height: 20px;" type="checkbox"/>

Emergency Swimmer Record Form 2020

**** Please fill out all of the following and return to Jenna Breyette by APRIL 3RD. You may use this form for up to four swimmers if all of the contact information is the same. If you have any questions or concerns please contact Jenna Breyette at fredette_jenna@hotmail.com or (518) 297-6926**

Primary Contact Information: Will be contacted FIRST in case of an Emergency.

Emergency Contact: _____

Relationship: _____

Street Address: _____ City: _____ State: _____

Zip: _____

Telephone: _____ Mobile: _____ Work: _____

Secondary Contact Information:

Emergency Contact: _____

Relationship: _____

Street Address: _____ City: _____ State: _____

Zip: _____

Telephone: _____ Mobile: _____ Work: _____

Medical Information:

Does the participant have any medical conditions the instructors should be aware of? (For example: diabetes, seizures, latex allergy, asthma, etc.) Circle one: YES NO

If YES, please explain: _____

Parent/Guardian Signature: _____

Date: _____

TOWN/VILLAGE OF CHAMPLAIN, VILLAGE OF ROUSES POINT, TOWN OF MOOERS RESIDENTS

729 Route 9, PO Box 3144

Champlain, NY 12919

TELEPHONE: (518) 298-8160 FAX: (518) 298-8896

WAIVER AND RELEASE OF LIABILITY 2020

DISCLAIMER: TOWN OF CHAMPLAIN/VILLAGES OF ROUSES POINT AND CHAMPLAIN, AND TOWN OF MOOERS SHALL NOT BE RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE TOWN PROGRAMS FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF TOWN OF CHAMPLAIN/VILLAGES OF ROUSES POINT AND CHAMPLAIN, TOWN OF MOOERS, AND ITS AGENTS, OR EMPLOYEES.

In consideration of my child's participation, **I hereby release and covenant not-to-sue** Town of Champlain, Village of Rouses Point and Champlain, and Town of Mooers; Town Board of the Town of Champlain, any of their employees, instructors, or agents, **from any and all present and future claims resulting from ordinary negligence on the part of the Town or others** for property damage, personal injury, arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur. **I hereby voluntarily waive any and all claims resulting from ordinary negligence**, both present and future, that may be made by child, assigns, or me.

Further, I understand that these programs involve certain risks, including but not limited to, neck and spinal injuries, injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for my child's protection may be inadequate to prevent serious injury. I am allowing my child to voluntarily participate in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, or personal injury. In addition, I understand I may not always be there and in the event of an emergency, I hereby give permission for my child to be given emergency first aid treatment and or to be examined and treated at the nearest medical facility.

I further agree to indemnify and hold harmless Town of Champlain/Villages of Rouses Point and Champlain, Town of Mooers and others listed for any and all claims arising as a result of my child's engaging in or receiving instruction in Town activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in New York.

I affirm that I am of legal age, the child's legal guardian and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Town of Champlain, Villages of Rouses Point and Champlain, Town of Mooers.

(Signature of Participant)

Date: _____

(Signature of Parent if Participant is Under 18)

Date: _____