



Barnstead Aquatikids Learn-to-Swim Summer 2025 Registration



A PARENT /GUARDIAN IS REQUIRED TO STAY FOR CLASS, NO EXCEPTIONS!

Session: July 28 - August 8 Classes are approximately 25 minutes long

*****Deadline for applications: July 19*****

Sessions will take place at the Town Beach on Upper Suncook Lake off of White Oak Rd.

ONE Registration **PER CHILD** please (but indicate if siblings are signing up by checking the box)

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Swimmers Name: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Phone #: _____

Address: _____

Email Address: _____

Name of adult(s) bringing child to swim lessons: _____

(class times will be assigned after deadlines)

Check your best estimate of your child's swimming ability. Use your child's age if ability is unknown.

Swimming Ability/Approx Age:

Parent & Child (18 mos-3 y) ☐
Preschool Aquatics (3-5y) ☐
Level 1 Introduction (5-6y) ☐
Level 2 Fundamentals (6-7y) ☐

Swimming Ability/Approx Age:

Level 3 Development (8-9y) ☐
Level 4 Improvement (10-12y) ☐
Level 5 Refinement (12-14y) ☐
Level 6 Endurance & Safety (14-17y) ☐

Comment on child's swim ability: _____

Allergies/Medical Conditions: _____

Family Physician: _____ Phone #: _____

Insurance Carrier: _____ ID#: _____

In the event of an accident or injury, I request every effort be made to contact me. However, If I cannot be reached, I authorize a member of Barnstead Parks & Recreation, its employees, or its representative to make arrangements for emergency care for my child. I release Barnstead Parks & Recreation Staff from all liability should an accident or injury occurs to my child while participating in the program.

Applicant Signature

Date

Swimming Lessons Fees: \$40 per Resident, \$50 Non Residents.

\$5 sibling discount off any **additional** child in the same family.

Cash, Check or Money Order made out to Barnstead Parks and Recreation accepted. Drop form and payment at Barnstead Town Hall or mail to: Barnstead P&R PO Box 11 Center Barnstead NH 03225
First come, first serve with preference given to Barnstead residents.

Official Use Only:

Amount Paid: _____ Date Recd: _____ Form of Payment: _____

Siblings: _____

Signature: _____

Notes: _____