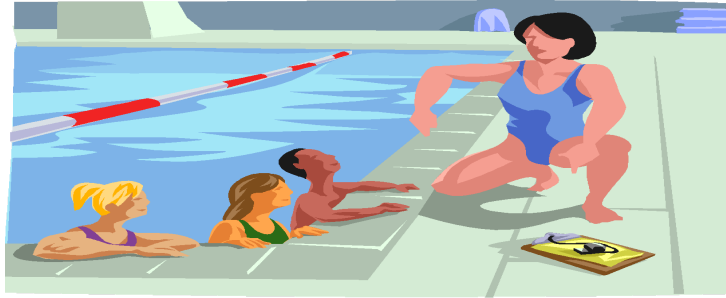


Red Creek Summer Swimming Lessons



The Red Creek Community Center is excited to announce that summer swimming lessons schedule are now available and open to all Red Creek students K through 8th grade. This summer's lessons will be **Free** for **All Red Creek students**. Swimming and water safety is such an important life skill. Lessons are for every ability non-swimmer through experienced swimmers.

Classes will be 45 minutes in length and offered at the following times: 9:00 am, 10:00 am, and 11:00 am (Monday through Friday)

1st Session- July 9, 2018 - July 20, 2018 (Mon.- Fri.)

2nd Session- July 23, 2018 - Aug. 10, 2018 (Mon.- Fri.)

To Register: please fill out the attached form and mail to the Red Creek Community Center PO Box 190 Red Creek, NY 13143 or call the Center at 315-754-2065.

If you have already registered your child for the 21st Century Day Camp and checked the area for swimming lessons, you do not need to call separately to register, your child will be automatically registered. Your child's name, age, grade they are in and the time you would like (9, 10, or 11). Non Red Creek School Students can register for the lessons for the following fees:

1 Child – \$30.00, 2 Children - \$40.00, 3 Children – \$50.00. Cash or Check Payable to Red Creek Community Center

Red Creek Summer Swimming Lessons

Summer 2018 Swimming Lesson Registration

Student Name: _____

Address: _____

Email: _____

Grade(Enter Fall 2018): _____

Session: _____ 9:00am _____ 10:00am _____ 11:00am

Emergency Contact Name: _____ Phone#: _____

I hereby unconditionally release the Red Creek Central School District, and any of its staff, from all responsibility or liability in connection with any and all activities for the participants listed above, for the current calendar year. I acknowledge that my children does not suffer from any physical impairments and have no limitations, other than listed below, which may predispose me/my child to risk during any recreation activity. I give permission for a licensed physician or other hospital staff members to carry out emergency medical care deemed necessary to myself/child/ward when normal permission is unavailable. I authorize the party or person in charge of my/my child's activity to seek medical care.

Medical Conditions or Limitations: _____

Please Circle One (Yes or No): I give my permission for photos taken of my child or myself to be used for promotional purposes.

Date: _____ Parent Signature: _____

Return Form to:
Marc Blankenberg – Red Creek Community Center
6574 South Street
PO Box 190
Red Creek, NY 13143