



**JU JU'S PLACE  
FALL SWIM LESSONS  
STARTING WEEK OF SEPTEMBER 17<sup>TH</sup> THRU NOVEMBER 10<sup>TH</sup>, 2012**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/ GUARDIANS NAME \_\_\_\_\_ TEL # \_\_\_\_\_

HAVE YOU EVER TAKEN LESSONS AT THE DEDHAM POOL? YES \_\_\_ NO \_\_\_

Program runs eight (8) weeks  
 There will be lessons during April vacation  
 Fee \$55.00 with a pool membership  
     \$60.00 Dedham residents without a membership  
     \$65.00 non-residents without a membership  
 Dedham resident's registration begins August 22nd.  
 Non-residents registration begins August 29th.

<p><b>For office use only</b>          Received ___ Office ___ Pool ___ Mail ___ other          Receipt ___ Office ___ Pool ___ Other          Entered into system by _____</p>
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Please circle desired class

KINDERSWIM I (Ages 2-3) 8:00-8:45am  
 Mon Tues Weds Thurs (Please Circle)

KINDERSWIM II (Ages 3-4) 9:00-9:45am  
 Mon Tues Weds Thurs (Please Circle)

KINDERSWIM III(Ages 4-5) 10:00-11:45am  
 Mon Tues Weds Thurs (Please Circle)

KINDERSWIM III(Ages 4-5) 9:00-10:00am  
 Saturday (Please Circle)

RED CROSS LEVEL I (Ages 5 & 6)  
 Saturdays 9:00-10:00am

RED CROSS LEVEL II - Primary Beginners  
 Saturdays 10:00-11:00am  
 Saturdays 11:00-12:00am

RED CROSS LEVEL III Stroke readiness (adv beg)  
 Saturdays 10:00-11:00am  
 Saturdays 11:00-12:00am

RED CROSS LEVEL IV Stroke development (Intermediate)  
 Saturdays 12:00-1:00pm

RED CROSS LEVEL V Stroke refinement (Swimmer)  
 Saturdays 12:00-1:00pm

RED CROSS LEVEL V Skill proficiency (Adv Swimmer)  
 Saturdays 12:00-1:00

The undersigned agrees to defend, indemnify, and hold harmless the Town of Dedham and its officers, employees, and agents from and against any and all loss, liability charges and expenses including attorney's fees and costs which may arise by reason of participation in any program. As parent/guardian, I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I understand the Recreation Department retains the right to use photos taken during activities for publicity purposes.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_