2019 WGRC Learn to Swim: Mommy (or Daddy) and Me Class

Mommy (or Daddy) and Me Class: Parents or Family members will be in the water and will help introduce infants and toddlers to swimming. Infants and toddlers will be encouraged to blow bubbles, play with water toys, and experience the reaching and kicking that will later lead to proper stroke development. This is done by instructions to the parents along with singing to help learn in a fun way for the kids. Toddlers will also be encouraged to float on front and back with the support of their family member with them. The focus of this class is fun and comfort in the water. Children need to be in a swim diaper and a swim suit to participate.

All West Geauga Recreation Council Learn to Swim classes follow the Red Cross requirements and are taught by American Red Cross certified instructors. Our Pool Manager holds certifications in the following Red Cross areas: Lifeguard, CPR/PR, First Aide, and WSI, (certified by Red Cross to teach swim lessons and lifeguard training). All other guards hold a minimum of Lifeguard, CPR/PR certifications. Water Safety is taught at all levels.

Classes will only be cancelled due to lightning, thunder, heavy rain, or unforeseen emergencies. In the event of a class cancellation, water safety will be taught for one class time. Refunds are not issued for cancelled classes.

COST: $30.00 per child. Reservations are only accepted for 8 children per level. Registrants will only be contacted if their request cannot be honored.

ONCE A RESERVATION IS MADE, NO REFUNDS WILL BE GIVEN. Any questions please email: swim@wgrc.org.

REGISTER / MAIL: WGRC – Learn to Swim
P.O. Box 393
Chesterland, OH 44026

WGRC Swimming Registration/Waiver Form

ONE FORM PER CHILD
PLEASE PRINT:

Participant’s Name: ___________________________________ Grade (In Fall): _______ Participant is a: BOY GIRL
Address: ___________________________________________ City/Zip: __________________________
Parents/Guardians’ Names: ____________________________ School Your Child Attends: __________________________
Primary Phone: _____________________________________ Alternate/Emergency Phone: __________________________
E-Mail: ____________________________________________ Is your family an active volunteer of the WGRC? ____________

List any allergies or medical conditions of which we should be aware: ________________________________________________
____________________________________________________
____________________________________________________

Select the class and session in table below. You may register for multiple sessions using one form per child.

<table>
<thead>
<tr>
<th>Session</th>
<th>Mom and Tot</th>
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<tbody>
<tr>
<td>1 – June 24 – June 28</td>
<td>5:30 p.m. – 6:00 p.m.</td>
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<tr>
<td>2 – August 5 - 9</td>
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Waiver & Permission: I CERTIFY THAT I AM A PARENT (GUARDIAN) OF THE CHILD NAMED ABOVE. IN THAT CAPACITY, I GIVE PERMISSION FOR THE CHILD TO PARTICIPATE IN THE ABOVE NAMED PROGRAM OF THE WEST GEAUGA RECREATIONAL COUNCIL (WGRC). I ALSO SAVE AND HOLD HARMLESS THE WGRC, WEST GEAUGA SCHOOLS AND ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM AND AGAINST ALL CLAIMS ARISING OUT OF DAMAGE TO PROPERTY OR INJURY TO PERSON(S) ASSOCIATED BY HIS OR HER NEGLIGENCE OR FAILURE TO FOLLOW INSTRUCTIONS OF THE PROGRAM PERSONNEL. I HERBY AUTHORIZE THE WGRC, ITS AGENTS, AND EMPLOYEES TO USE PHOTOGRAPHIC AND ELECTRONIC IMAGES OR LIKENESS OF THE REGISTERED CHILD FOR THE USE AND BENEFIT OF THE WGRC IN ITS MARKETING AND PROMOTIONAL MATERIALS. IF IN THE EVENT OF AN EMERGENCY, REASONABLE ATTEMPTS TO CONTACT ME HAVE BEEN UNSUCCESSFUL, I HERBY GIVE MY CONSENT FOR (1) THE ADMINISTRATION OF AND TREATMENT DEEMED NECESSARY BY A LICENSED PHYSICIAN OR DENTIST AND (2) TRANSFER OF THE CHILD TO THE NEAREST EMERGENCY ROOM.

Parent/Guardian’s Signature: ____________________________ Date: ______________________

Please make checks or money orders payable to: West Geauga Recreation Council (WGRC). DO NOT MAIL CASH! Mail completed registration along with a check or money order to: WGRC – Learn To Swim P.O. Box 393 • Chesterland, OH 44026

WGRC USE ONLY:

Child’s Name: ___________________________________ Program: __________________________
Session(s): ____________________________________________ Total Fees: __________________________ WGRC Volunteer Disc: __________________________
Total Owed: __________________________ Amount Received: __________________________ Date Received: __________________________
Payment Type: __________________________ Check No#: __________________________ Outstanding Balance: __________________________