



410-770-8050



Miles River Yacht Club Foundation



Please Circle Pool: BHCP GMCP

# Swim Kids

At Bay Hundred Community Pool

## (Check Level, Session & Time)

### Junior Lifeguard Training (Ages 13-15)

9:00AM- 9:30AM

Session 1 July 11- July 32

Session 2 July 25- Aug 4

*Please return the form by the following dates to be eligible to participate in the Swim Kids Program. Class sizes are limited and applications are taken on a first come, first serve basis. Children are limited to two sessions thru the Swim Kids Program.*

**Session 1- Deadline Monday, July 4th**

**Session 2- Deadline Monday July 18th**

**Session 3- Deadline Monday August 1st**

### Please Circle T-Shirt Size:

YXS YS YM YL YXL

AS AM AL AXL A2XL

Did your child participate at BHCP last year thru the SOS Program? \_\_\_\_\_

If so, how many sessions? \_\_\_\_\_

**You are invited to the End of the Season Party!**

Date to be determined

Return form to: St. Michaels Community Center  
PO BOX 354 Saint Michaels, MD

**Me & My Little One (18 Months-2 Years)**

11:00AM -11:30 AM AND/OR 6:00 PM- 6:30-PM

Session 1 July 11- July 21

Session 2 July 25- Aug 4

Session 3 Aug 8- Aug 18

**Water Exploration I (Ages 3 & Up)**

9:30AM- 10:00AM AND/OR 6:00 PM- 6:30 PM

Session 1 July 11 - July 21

Session 2 July 25- Aug 4

Session 3 Aug 8- Aug 18

**Fundamental Water Skills II (Ages 5 & Up)**

10:00AM- 10:30AM AND/OR 6:30 PM-7:00 PM

Session 1 July 11- July 21

Session 2 July 25- Aug 4

Session 3 Aug 8 - Aug 18

**Stroke Development III (Age 5 & Up)**

10:30AM-11:00AM AND/OR 7:00 PM-7:30 PM

Session 1 July 11 - July 21

Session 2 July 25- Aug 4

Session 3 Aug 8- Aug 18

**Stroke & Turn IV (Must be able to easily swim laps)**

11:00AM-11:30AM AND/OR 7:00 PM-7:30 PM

Session 1 July 11- July 21

Session 2 July 25- Aug 4

Session 3 Aug 8- Aug 18

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Comments, Success Stories, Improvement Ideas: \_\_\_\_\_

I am the parent / legal guardian of the above named minor. I hereby waive, release, and forever discharge all claims against the Talbot County Parks and Recreation, its employees, volunteers, commissioners or agents for damages and / or injuries which may arise from participation in the above named activity. I hereby authorize any duly licensed physician, emergency medical technician or medical facility to treat the above named minor for injuries that may be received while participating in the above named activity.

.My child \_\_\_\_\_ has my permission to participate in the St. Michaels Community Center/Miles River Yacht Club Foundation, Inc Swim Program. I understand that injury or loss is always possible as a result of participation in such activities. I hereby release SMCC/MRYCF, Talbot County Public Schools and their employees or volunteers from any liability due to injury or loss of any kind that may occur before, during or after said activity. I also give permission for my child's picture to be used by SMCC/MRYCF on informational or promotional materials without expectation of compensation.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date