



Return to:
 Talbot County
 Community Center
 10028 Ocean Gateway
 Easton, MD
 410-770-8050

Please Circle Pool:

BHCP

GMCP

Swim Lessons

2016 DAY (Check Level & Session)

Me & My Little One (18 Months-2 Years)
 Fee: \$40 **Monday - Thursday** 11:00AM – 11:30 AM
 Session 1 July 11 - July 21
 Session 2 July 25– Aug 4
 Session 3 Aug 8– Aug 18

Water Exploration I (Ages 3 & Up)
 Fee \$40 **Monday - Thursday** 9:30AM- 10:00AM
 Session 1 July 11 - July 21
 Session 2 July 25– Aug 4
 Session 3 Aug 8 – Aug 18

Fundamental Water Skills II (Ages 3 & Up)
 Fee: \$40 **Monday-Thursday** 10:00AM– 10:30AM
 Session 1 July 11- July 21
 Session 2 July 25– Aug 4
 Session 3 Aug 8 - Aug 18

Stroke Development III (Age 5 & Up)
 Fee \$40 **Monday- Thursday** 10:30AM-11:00AM
 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)
 Fee: \$40 **Monday - Thursday** 11:00AM-11:30AM
 Session 1 July 11- July 21
 Session 2 July 25– Aug 4
 Session 3 Aug 8– Aug 18

Junior Lifeguard Training (Ages 12-15)
 Fee: \$40 **Monday-Thursday** 9:00AM– 9:30AM
 Session 1 July 11 - July 21
 Session 2 July 25– Aug 4

**Junior Lifeguard Training is only offered at BHCP.*



If these times do not work for you please check out our evening swim lessons offered only at BHCP!

Name of Child _____ Date of Birth _____ Age _____

Parent/Guardian Name _____

Address _____ City _____ ZIP _____

Home Phone _____ Other Phone _____

Email _____

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.

Signature of Parent / Guardian _____

Date _____

No refunds for swim lessons after the first day of lessons!

For Office Use: Total Paid _____ Cash/Check/Charge _____ Date _____ Staff Initials _____