

Intro to Swim & Gym

(for ages 18 - 36 mos.)

Join us for music, movement & splashes in this fun parent/child program. Parent (or other adult) participates with child in age-appropriate

activities that incorporate use of bars, beam, horse and tumbling. Song and creative movement will be part of each class. This is followed by a 30 minute swim program geared for parents with their little ones.

Classes held at Koinonia School of sports, Rte. 21, Thompson, CT. Please wear sneakers and bring a bathing suit and towel. Sponsored by Thompson Recreation in conjunction with Koinonia School of Sports.

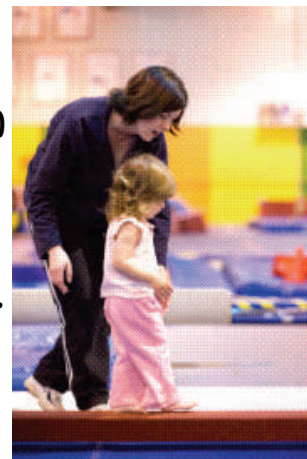
Thursdays, 9:30 - 10:30 a.m.

Mar. 18, 25, Apr. 1, 8, 15, 22, 29, May 6, 2010

Cost: \$96

Checks must be written to Thompson Recreation or TRC and placed inside a clearly marked envelope with form below and returned to the school office or Town Hall. Checks can also be mailed to TRC, P.O. Box 899, No. Grosvenordale, CT 06255 Questions? Call 923-9440. Additional forms available at www.thompsonrec.org

Please keep upper portion for your records.



TRC Intro to Gym & Swim Registration (ages 18-36 months) Mar. 18 - May 6, 2010

(please print and list only one child per form)

Child _____ Age _____

Parent(s) _____

Street Address _____ Town _____ State _____ Zip _____

Mailing Address (if different from home) _____ Town _____ State _____ Zip _____

Home phone _____ Parent Cell # _____ Parent's work # _____

Parent E-mail Address _____

Emergency Contact's Name _____ Emerg Contact's Phone _____

Does your child have any medical needs/conditions that the staff should be aware of? _____ If Yes, please explain _____ If yes, you need to complete additional medical forms.

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's participation in these classes. Photographs of my child can be used for program promotion. **Also, I give permission for my child to receive emergency medical care, if I am unavailable.** I understand space is limited and will be made available on a first-come, first-serve basis until the class is full. I understand there are no refunds for missed classes. I understand there is a \$20 fee for checks returned to TRC by the bank.

I have enclosed payment in the amount of \$ _____ Cash _____ Check # _____

Parent/Guardian Signature _____ Date _____