

**County Commissioners of Kent County, MD \* Department of Parks & Recreation**

11041 Worton Rd., P.O. Box 67, Worton, MD 21678 \* info@KentParksAndRec.org

KentParksAndRec.org \* Facebook.com/KentCountyCommunityCenter

**Youth Swim Lesson Registration**

*Please note that this may be the initial registration form, and depending on the program, additional forms may be required.*

*Your spot will be held pending the completion of the additional forms (if applicable).*

**Registration Policies:**

1. Please complete one (1) registration form for each participant and mail with payment, or for a nominal fee, register online at KentParksAndRec.org or register in person at the Community Center (no form required).
2. Registration must be completed in its entirety to be accepted.
3. Registration is accepted on a first come first served basis.
4. Refunds for all programs are subject to a \$5 processing fee and may take up to two (2) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

**If mailing registration, please form with payment to Kent County Parks and Recreation, 11041 Worton Rd, P.O. Box 67, Worton, MD 21678**

Participant First & Last Name / Nick Name (if any): \_\_\_\_\_ / \_\_\_\_\_

M/F:  Age:  Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_

*(Very important to be able to contact you with updates - please print clearly)*

Parent/Guardian Full Name (if applicable): \_\_\_\_\_

Parent/Guardian Full Name (if applicable): \_\_\_\_\_

Physical and Mailing Address: \_\_\_\_\_

Kent County Resident:  Yes / No City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*\*\*\*\**(Must be Answered; Will be Verified)*\*\*\*\*\*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact/ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Medical/Health Information**  
Does the participant have any allergies? (If yes, please list) \_\_\_\_\_

Does the participant take any medications? (If yes, please list) \_\_\_\_\_

Does the participant have any behaviors that staff should be made aware (ADHD, ADD, ODD, etc.)? \_\_\_\_\_

Does the participant have any medical conditions staff should be made aware (Diabetes, Epilepsy, Asthma, Heart Conditions, Frequent Ear Infections, Fevers, etc.)? \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Group/Policy #: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ **Make Check or Money Order payable to County Commissioners of Kent County, MD**

Registration fee must accompany registration form to secure spot. If applying for a scholarship, fully completed application and all required supporting documents must accompany registration form.

**Emergency Contacts \* Must be provided to reach during program hours if needed.**

Please list two (2) persons, other than the parent/guardian.

Emergency Contact #1 Name: \_\_\_\_\_

Name	Relationship to Child	Phone Numbers
------	-----------------------	---------------

Emergency Contact #2 Name: \_\_\_\_\_

Name	Relationship to Child	Phone Numbers
------	-----------------------	---------------

I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing County Commissioners of Kent County, its officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the County Commissioners of Kent County from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of County Commissioners of Kent County its officers, directors, employees, and agents. I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

Participant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

Amount Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Conf Date: \_\_\_\_\_

Scholarship: \_\_\_\_\_ Date Entered in ActiveNet: \_\_\_\_\_ Initials of Staff: \_\_\_\_\_

Date Withdrawal Form Received: \_\_\_\_\_ Refund Date (if applicable): \_\_\_\_\_ Office Manager Initials: \_\_\_\_\_

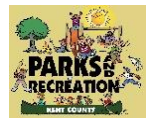
Amount Refunded: \_\_\_\_\_ Date Refund Submitted to Finance Department: \_\_\_\_\_

If any part of the Registration Fee is retained by the Department, please explain: \_\_\_\_\_

**P  
L  
E  
A  
S  
E  
  
P  
R  
I  
N  
T  
  
C  
L  
E  
A  
R  
L  
Y**



# County Commissioners of Kent County, MD Department of Parks & Recreation



## Youth Swim Lesson Skills Assessment

*This form must be completed and submitted at time of registration in order to determine class time.*

After review of this assessment by the Program Coordinator, a Parks and Recreation staff will contact the parent/guardian to advise of the class time the child will be assigned for the two-week program.

Child's First and Last Name:

Age:

Date of Birth:

**Please check (1) box below that most accurately describes your child's abilities. Only (1) box may be selected.**

No formal introduction to swimming on any of the levels below

\_\_\_\_ Beginner  
Unskilled Non-Swimmer

Knows basic water safety rules  
Knows how to use a life jacket  
Can submerge mouth, nose and eyes  
Can open eyes underwater and pick up a submerged object  
Can swim on front and back using arm and leg actions  
Can recognize a swimmer in distress and get help  
Can exhale underwater  
Can float on front and back

\_\_\_\_ Intermediate  
Introductory  
Shallow Water Non-Swimmer

Can move in the water while wearing a life jacket  
Can submerge entire head  
Can glide on the front and back  
Can tread water using arm and leg motions  
Can recognize a swimmer in distress and get help  
Can bob in water  
Can do a jellyfish float (in a ball)  
Can swim using combined stroke on front and back

\_\_\_\_ Intermediate  
Fundamental  
Shallow Water Comfortable

Can perform a reaching assist  
Can submerge and retrieve an object  
Can glide on front and back  
Can do the back and front crawl  
Can perform the kneeling or standing dive  
Can breathe side to side in horizontal position  
Can perform the survival float, back float  
Can do the butterfly kick and body motion

\_\_\_\_ Intermediate  
Stroke Development  
Shallow Water Comfortable

Knows the rules of safe diving  
Can dive from the stride position or shallow dive  
Do survival float and back float  
Knows elementary backstroke  
Can perform breaststroke  
Can perform butterfly  
Can perform a throwing assist  
Can perform a feet-first surface dive  
Can do front and back crawl

\_\_\_\_ Advanced  
Stroke Development  
Chest-Deep Water Comfortable

Survival Swimming  
Perform a standing dive  
Can do open turns on front and back  
Front and back crawl  
Can do Perform rescue breathing  
Can perform tuck surface dive and pike surface dive  
Can perform front flip turn  
Can perform backstroke flip turn  
Can perform elementary backstroke  
Can perform butterfly  
Can perform breaststroke

\_\_\_\_ Advanced  
Stroke Development  
Deep Water Comfortable