

# **CRA Hatchlings Swim Development Program**

## ***Group swim lessons for children ages 3 and up***

### **HOW TO REGISTER:**

1. Pay at [canterburyrec.org](http://canterburyrec.org) under the Swim Team & Lessons tab (you will need to log in with your member ID and password). Only 10 students are allowed per session; payment is required to guarantee your child's spot. You will need to pay separately for each child you are registering.
2. Complete the attached forms and turn them in to the front desk at the pool or bring to your first lesson:
  - 1) Registration Form (Attachment 1 - one per family)
  - 2) Emergency Form (Attachment 2 - one per family)

**Questions?**

**canterburyhatchlings@gmail.com**

**2022 HATCHLINGS REGISTRATION FORM**  
(ONE form per family)

Are you a Canterbury member?      yes                  no

Swimmer's Name Last, First, Middle Initial	M/F	Date of Birth (MM/DD/YY)	Current Age*
1			
2			
3			
4			

\* swimmers under age 11 must be accompanied by an adult

Swimmer's Address:	
Preferred Contact Name:	
Preferred Contact Phone:	
Preferred Email Address:	

Most communication is sent via e-mail. Please make sure your e-mail address is legible!

CHOOSE YOUR SESSION(S)			
PLEASE WRITE YOUR CHILD'S NAME BY THE SESSION(S) YOU ARE SIGNING UP FOR			
SESSION DATES Monday- Thursday (Friday, rain-date)	STROKE (multi-stroke: freestyle, backstroke, and breaststroke) 8:15-9:00	SWIM (Kicking with no assistance, floating, going underwater) 9:15-10:00	COMFORT (blowing bubbles, head underwater, jumping in to instructor) 10:15-10:45
JUNE 20 – JUNE 23			
JUNE 27– JUNE 30			
JULY 5- JULY 8			
JULY 11- JULY 14			

**FEE: \$65 PER CHILD PER SESSION FOR MEMBERS**

Total # of Sessions: \_\_\_\_\_

Total Cost: \_\_\_\_\_

**PARENT SIGNATURE:**



2022 EMERGENCY FORM

MUST be completed and on file at CRA for each swimmer to participate in Hatchlings  
(ONE form per family)

Swimmer's Names:	
1	
2	
3	
4	

Mother's Name			
Mother's Phone	(H)	(W)	(Cell)
Father's Name			
Father's Phone	(H)	(W)	(Cell)

Please note any health problems or situations that will help the instructors in working with your swimmer (this information will be kept confidential and used to help staff better understand and teach your swimmers).

MY CHILD HAS:    \_\_\_ Asthma    \_\_\_ Hearing Loss    \_\_\_ ADD    \_\_\_ Other:

Name of Person (and relationship) to contact if parent is unavailable:	
Phone Number of person listed above:	
Swimmer's Phone Number (if avail.)	

Emergency Release: In the event of an EMERGENCY, I hereby authorize Canterbury Recreation Association, Inc. to seek medical attention for my child.

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance carrier: \_\_\_\_\_

Health Insurance policy number: \_\_\_\_\_

I hereby release Canterbury Recreation Association, Inc. of any liability in case of accident or emergency that might occur during lessons.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent or Guardian Signature)