

CRA Hatchlings Swim Development Program

Group swim lessons for children ages 3 and up

HOW TO REGISTER:

1. Pay at 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

2023 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 or holiday week)	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 12 - 15			
June 19 - 22			
June 26 - 29			
July 3 & 5-7			
July 10 - 13			

FEE: \$65 PER CHILD PER SESSION FOR MEMBERS

Total # of Sessions: _____

Total Cost: _____

PARENT SIGNATURE:

2023 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)