

SKILLS
SAFETY
CONFIDENCE

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Islesboro Swim and ExploreWednesdays July 5-August 9

Signup by June 30th

(participation forms and registration fee should be returned to the Town Office)

Space limited—first come, first served

Cost is \$90 per student

(\$48 swim, \$43 transportation and field trips)

Daily Schedule

8:00 Meet at Ferry Landing Flag Pole Depart 8:30 Ferry

9:30-10:15

Group 1 & 2 - Lessons in Therapy Pool Group 3 & 4 - Free Swim in Lap Pool 10:15 - 11:00

Group 1 & 2 - Free Swim in Therapy Pool Group 3 & 4 - Lessons in Lap Pool

> 11:30-3:15 Explore Return 4:00 Ferry

What to Bring

two healthy snacks
lunch
water bottle
sun/bug lotions
towel
swim suit
a hat
wind jacket
Goggles recommended

Sign-up forms available at Town Office or on Website to be returned to the Town Office with Fees.

- 1) New Beginner: Introduction to swimming in a shallow, warm therapeutic pool. Focusing on developing confidence while practicing water safety, blowing bubbles, floating, gliding, and kicking.
- 2) Advanced Beginner: Progression of swimming skills and technique development in the deep end of the warm therapeutic pool leading up to taking and passing a deep water test.
- 3) Intermediate: Starting in the shallow end of the 25 yard lap pool. Focusing on endurance and strength.
- **4) Advanced Intermediate**: Developing, training, and strengthening swim strokes and techniques in a 25 yard lap pool. Focusing on rotary breathing, endurance, and team work as the Islesboro Porpoise Team!

Free Swim: Forty-five minutes to gain confidence and comfort in the water through play.

Check our facebook page for updates: http://bit.ly/IslesboroRecreation

Sponsored by:

Town of Islesboro Recreation recreation@townofislesboro.com FMI: Merry (917)821-9269

WALDO COUNTY YMCA

157 Lincolnville Avenue, Belfast ME 04915 P 207 338 4598 F 207 338 2505 www.waldocountyymca.org The Waldo County YMCA is a 501 (c)(3) Charitable Organization



Swim & Explore - 2017 Registration

SWIM & EXPLORE: Swim Lesson and Free Swim, Waldo YMCA facility and grounds, Field trips around the Camden/Lincolnville/Belfast Area and travel on bus and ferry. July 5, 12, 19, 26, Aug 2, 9, 2017

PARTICIPANT INFORMATION Participant: _____ Gender: ____ Birthdate: _____ Age as of June 30: _____ **Medical Concerns / Conditions** Medications / Allergies: Date of Last Physical: Date of Last Tetanus Shot: Doctor's Name: ____ Doctor's Address & Phone: Policy Number: _____ Insurance Company: _____ **EMERGENCY CONTACT INFORMATION** Primary Parent / Guardian Name: _____ Mobile Phone: Secondary Parent / Guardian Name: Home Phone: _____ Mobile Phone: _____ Email:

NOTE: In the event of emergency, your child may be transported in a private vehicle.

TELL US ABOUT YOUR SWIMMER

Please answer the following questions about your child to help us better group students for the initial swim assessment:		
Puts her/his face in the water: YES NO		
Submerges her/his head: YES NO		
Floats on her/his front with support: YES NO; without support: YES NO)	
Floats on her/his back with support: YES NO; without support: YES NO		
Jumps into chest deep water with help: YES NO		
Jumps into chest deep water without help: YES NO		
Travels for 5 body length unassisted: YES NO		
Swims independently using combined arms and leg action for 5 body lengths: YES	NO	
Town of Islesboro Recreation Department Participant Release (Assumption of Risk Agre Indemnify & Hold Harmless):	eement/Agreement to	
n consideration of the participation of the minor named above being permitted to participate in the (Activity): SWIM & EXPLORE: Swim Lesson and Free Swim, Waldo YMCA facility and grounds, Field trips around the Camden/Lincolnville/Belfast Area and travel on bus and ferry. On the dates: July 5, 12, 19, 26, Aug 2, 9, 2017		
Each person signing below understands that participation in the Town of Islesboro ("Town and/or special event can involve the risk of damage and injury, including serious injury, to property. Each person signing below understands and agrees that the Town, its agents, of employees, accept no responsibility, and will not be liable, for any injury, harm or damage property (including, but not limited to, injury, harm or damage caused by negligence of the officers or employees) occurring during or arising out of participation in any Town program special event. To the fullest extent permitted by law, each person signing below agrees to injury, harm or damage to his/her person or property arising during or in connection with sactivity and/or special event. Each person signing below hereby releases and agrees to in harmless the Town, its agents, officers and employees, from any and all liability, actions, of any kind and nature whatsoever for any injury, harm or damage to his/her person or proposed to, injury, harm or damage caused by negligence of the Town, its agents, office that may arise or occur during or in connection with said program, activity and/or special esigning below further understands and agrees to abide by safety rules, regulations and positions and positions.	both people and officers and to his/her person or Town, its agents, in, activity and/or assume all risk of aid Town program, indemnify and hold damages and claims operty (including, but ers or employees) event. Each person	
Signature of Participant (if under 18, must also be signed by Parent or Guardian)	Date	
Signature of Parent/Guardian (if Participant is under 18)	Date	
Islesboro Recreation Department - Swim & Explore	page 2 of 2	



Waldo County YMCA

PHOTOGRAPHIC MODEL RELEASE

Permission to take and publish photographs taken of me / my child.

I hereby grant an irrevocable consent to the reproduction, publication and / or sale of photographs taken of me / my child by the Waldo County YMCA.

I agree that the images of me / my child may be used in any form and for any purpose whatsoever, including, editorial illustration, publications, promotional matter, advertising, trade, or gallery exhibition. I hereby release and discharge the Waldo County YMCA, and its officers, directors, members, volunteers, employees or agents from any and all claims and demands by me, my heirs or assigns arising out of or in connection with the use of these photographs.

If under age of 18, parent's signature is required.

Date:	
Model Name: (please print):	
Address and Telephone:	
Signature of Model:	
Signature of Parent:	

Description of Photographs:

Note: you do not need to permission to photograph your children to participate.