



Summer 2022

# Swimming Lessons

## PROGRAM INFORMATION

**3 Sessions Available**

**Monday-Thursday** for 2 weeks

(Friday is a make up day)

**8:30 a.m. or 9:30 a.m.**

**Ages: 4 & older**

(Splish Splash 2 & up)

**Cost: \$50/child, \$45/add. child**  
**Pocomoke River State Park**  
**Shad Landing Pool**

3461 Worcester Hwy, Snow Hill MD 21863

## HOW TO REGISTER

In person, mail or online at  
[www.PlayMarylandsCoast.org](http://www.PlayMarylandsCoast.org)

All payments must be received prior to participation  
 Make checks payable to: Worcester County

- Each class has limited space, so register today! Spaces will be filled on a first come, first served basis.
- Worcester County SWIM Fund will help in assisting those who show a demonstrated need for financial aid. Proof of eligibility is required.
- If there is a possibility of inclement weather, we will still meet and work on skills outside of the pool. If there is severe weather, please call our Inclement Weather Hotline at 410-632-2144 x2508 for any program cancellations.

Session 1 Monday - Thursday July 11 - July 21		Session 2 Monday - Thursday July 25 - August 4		Session 3 Monday - Thursday August 8 - August 18	
8:30-9:15 a.m.	9:30-10:15 a.m.	8:30-9:15 a.m.	9:30-10:15 a.m.	8:30-9:15 a.m.	9:30-10:15 a.m.
Level 1 A	Level 1 B	Level 2 A	Splish Splash	Level 1	Level 3 B
Level 2 A	Level 4	Level 4	Level 1	Level 2	Level 4
Level 3 A	Level 5	Level 5	Level 2 B	Level 3 A	Level 5
	Level 6	Level 6	Level 3 A		Level 6
	Level 7	Level 7			Level 7
	Level 8	Level 8			Level 8

MARYLAND'S  
**Coast**  
 WORCESTER COUNTY  
 Recreation & Parks



For more information contact Kelly Buchanan at  
 (410) 632-2144 x2503 or [kbuchanan@marylandscoast.org](mailto:kbuchanan@marylandscoast.org)

# Youth Registration Form

Please use a separate registration form for each participant under 18.

Worcester County Swim Lessons Summer 2022

Name: \_\_\_\_\_ School Attending: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Circle T-Shirt Size:    YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL    AXXL

Grade: \_\_\_\_\_ E-mail: \_\_\_\_\_ Circle Session(s)    Session 1    Session 2    Session 3

Level (circle)    Splish Splash    Level 1 A    Level 2 A    Level 3 A    Level 4    Level 5    Level 6    Level 7    Level 8

Level 1 B    Level 2 B    Level 3 B

Please check here if you would like to receive email announcements on future programs from Worcester County Recreation & Parks.

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Daytime/Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver: I, for myself and on behalf of my child, release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my child's participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney's fees, arising from that participation. I understand the risks involved in this program. Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense, for my child in the event of an injury or illness during the program. I acknowledge that the County provides no insurance protecting my child. Travel Permission: My child has permission to travel with a coach or adult volunteer to away games as part of the Worcester County Recreation & Parks Department's Youth Program. Acknowledgement of Ability: My child is physically able and has sufficient training for participation in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.) Photo Release: If pictures are taken during the program, I authorize the use of these photos for publicity purposes. Acknowledgement of Concussion Training: I have received the Fact Sheet for Athletes and the Concussion Training for Parents Information Sheets covering the signs, symptoms, and risks of sports-related concussions. I promise to go over this information with my child. I promise to report my child's symptoms to coaches and staff members. I understand that my child must not have any concussion symptoms before returning to play and it is my responsibility to follow up with a health care provider. I understand the possible consequences of my child returning to practice or play too soon.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, CC or Chk # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF \_\_\_\_\_

# Adult Registration Form

Please use a separate registration form for each participant.

Worcester County Swim Lessons Summer 2022

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Circle Session(s)    Session 1    Session 2    Session 3

Level (circle)    Splish Splash    Level 1 A    Level 2 A    Level 3 A    Level 4    Level 5    Level 6    Level 7    Level 8

Level 1 B    Level 2 B    Level 3 B

Male or Female    Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Waiver: I certify that I am 18 years of age or older. I release the County Commissioners of Worcester County and its agents ("Indemnities") from all liability for any damages arising from my participation in this program. I agree to indemnify the Indemnities against all claims, including court costs and attorney's fees, arising from that participation. I understand the risks involved in this program. Acknowledgement of Ability: I am physically able and has sufficient training for participation in this program. (Worcester County is committed to providing reasonable accommodations to all participants. If your child has special needs, please notify the Department of Recreation & Parks at 410.632.2144. We cannot guarantee that your request will be met unless we are notified in advance.) Acknowledgment of Medical Treatment: I authorize medical treatment, at my expense in the event of injury or illness during the program. I acknowledge that the county provides no insurance protecting me. Photo Release: If pictures are taken during the program, I authorize the use of these for publicity purposes.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash, CC or Chk # \_\_\_\_\_ Initials: \_\_\_\_\_ Receipt # \_\_\_\_\_ CAF: \_\_\_\_\_

**Splish Splash:** Class is interactive with a parent or guardian in the water; ages 2 – 5 with little to no experience. (Swim diaper is required if not potty trained).

**Level 1:** Age 4 and up; hides face in water; can follow directions without parental assistance.

**Level 2:** Follows directions; comfortable with under water games; has completed Level 1.

**Level 3:** Follows directions; jumps into pool and swims a little with no assistance; has completed Level 2.

**Level 4 (Beginner):** Swims using crawl stroke; has completed Level 3.

**Level 5 (Advanced Beginner):** Experience with strokes and breathing; has completed Level 4.

**Level 6 (Intermediate):** Increased strength with strokes and breathing; has completed Level 5.

**Level 7 (Swimmer):** Strength in strokes and breathing skills; has completed Level 6.

**Level 8 (Advanced Swimmer):** Excellence in all strokes and breathing; increased endurance; has completed Level 7.

If you have questions about the level your child should be in, please call Kelly at

410-632-2144 x2503. Age, ability, and maturity are all factors for deciding the appropriate level for a child. The descriptions listed below are meant to serve only as an aid in selecting the appropriate level. If you are still uncertain and would like further details as to the skills required to pass a certain level, please contact Kelly, for a Skills Required sheet.