



Stephentown Summer Swim Program
FREE SWIM LESSONS for
Stephentown Residents, Ages 5-12

****Space is limited. Applications will be taken on a first come basis.****

The Town of Stephentown is offering FREE swim lessons to Stephentown residents at the Gladys Allen Brigham Community Center in Pittsfield, Mass. Children will receive eight, half hour lessons. Lessons will be given starting July 6th, twice a week on Mondays and Wednesdays for four weeks. Children will be grouped by swimming ability. Lessons will begin at 4:00pm. Parents are responsible for transportation and supervision during the lesson. Swimmers must commit to missing no more than two lessons.

Who: Stephentown Residents, ages 5-12

Where: Gladys Allen Brigham Community Center, Pittsfield, Mass.

When: Mondays and Wednesdays at 4:00pm

7/6, 7/8, 7/13, 7/15, 7/20, 7/22, 7/27, 7/29

All paperwork needs to be turned in by June 1st. Please drop off at the Stephentown Town Hall or email to youth@stephentown.gov

AQUATICS PROGRAM

At The Gladys Allen Brigham Community Center
165 East St., Pittsfield, MA 01201 * 413-442-5174, Ext 25
damonb@brighamcenter.org



YOUTH INFORMATION FORM – Stephentown

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

ORIGIN OF BIRTH: BORN IN US: _____ BORN OUTSIDE US: _____ UNKOWN: _____

GRADE (in September 2024) _____ SCHOOL (in September 2024) _____

PARENT/GUARDIAN NAME: _____

PHONE (H) _____ (W) _____ (C) _____

EMERGENCY CONTACT NAME: _____

PHONE (H) _____ (W) _____ (C) _____

Other information you would like us to know: (disability, allergies, concerns)

I give permission for my child to attend and/or participate in the Gladys Allen Brigham Community Center, Inc.'s aquatics programming. I understand that registration and fees are non-refundable; I understand that health and accident insurance coverage for my child is my responsibility as parent/guardian. I will not hold the Gladys Allen Brigham Community Center its representatives, instructors, lifeguards or staff liable for injury incurred by my child. I hereby give approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the Aquatics Director or Designee to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above. I understand that my child(ren)'s participation in aquatics activities may involve a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived by myself and my child(ren), and after carefully considering the risks involved I hereby agree to indemnify and hold harmless Brigham Community Center and its directors, officers, employees, and independent contractors and volunteers and sponsors associated with the aquatics program From and against any claims, damages or causes of action, including attorney fees, arising out of (a) injury or death of my child(ren) brought by or on behalf of my child(ren) or (b) the injury or death of others that may be caused by my child(ren). I further release the Gladys Allen Brigham Community Center from any liability hereunder and waive all claims that I may have against the Gladys Allen Brigham Community Center.

Signature of Parent/Guardian _____

Date _____

* PLEASE COMPLETE PAGE 2

OPTIONAL INFORMATION (But EXTREMELY helpful for GRANT / FUNDING purposes)

<u>Ethnicity</u>	<u>Family Income</u>	<u>Household</u>	<u>Age Group</u>
American Indian or Alaska Native _____	\$0 - \$22,200 _____	Two Parents _____	Under 2 _____
Asian _____	\$22,201-\$37,000 _____	Mother Only _____	2 - 5 _____
Black or African American _____	\$37,001-\$59,200 _____	Father Only _____	6 - 11 _____
Hispanic or Latino _____	\$59,201-\$74,000 _____	Joint Custody _____	12 - 17 _____
Multi-Racial _____	\$74,001 + _____	Neither Parent _____	
White / Caucasian _____			
Other _____			

PAID _____ **CK#** _____ **AMT** _____ **REG Fee** _____ **Lessons** _____