

GEORGE MURPHY COMMUNITY POOL FREE SWIM LESSONS SPONSORED BY SOS

501 Port Street, Easton, MD 21601

Lessons are Mondays through Thursdays. No make-ups lessons.
Participants are expected to attend lessons once registered.
Level information and cancellation notices at www.TalbotParks.org.



Section	Time	Session (Check One)
Me & My Little One Ages: 18M - 2y with adult	<input type="checkbox"/> 11:30am - 12:00pm	<input type="checkbox"/> Session 1: June 16- June 26 <input type="checkbox"/> Session 2: July 7 - July 17 <input type="checkbox"/> Session 3: July 21 - July 31
Water Exploration Level I Ages: 3+	<input type="checkbox"/> 8:00am - 8:30am <input type="checkbox"/> 10:00am - 10:30am	<input type="checkbox"/> Session 1: June 16- June 26 <input type="checkbox"/> Session 2: July 7 - July 17 <input type="checkbox"/> Session 3: July 21 - July 31
Fundamental Water Skills Level II Ages: 4+	<input type="checkbox"/> 8:30am -9:00am <input type="checkbox"/> 10:30am - 11:00am	<input type="checkbox"/> Session 1: June 16- June 26 <input type="checkbox"/> Session 2: July 7 - July 17 <input type="checkbox"/> Session 3: July 21 - July 31
Stroke Development Level III Ages: 5+	<input type="checkbox"/> 11:00am - 11:30am	<input type="checkbox"/> Session 1: June 16- June 26 <input type="checkbox"/> Session 2: July 7 - July 17 <input type="checkbox"/> Session 3: July 21 - July 31
Stroke and Turn Level IV Ages: 5+	<input type="checkbox"/> 11:00am - 11:30 am	<input type="checkbox"/> Session 1: June 16- June 26 <input type="checkbox"/> Session 2: July 7 - July 17 <input type="checkbox"/> Session 3: July 21 - July 31

Participant Name: _____ Age: _____ DOB: _____ M F

Parent Name(s) (Please Print): _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Cell Phone: _____ Email: _____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, Coastline Pool Services, SOS Sink or Swim, Chesapeake Bay Maritime Museum its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program(s) offered by the Talbot County Department of Parks and Recreation, Coastline Pool Services, SOS Sink or Swim, or the Chesapeake Bay Maritime Museum. On occasion, staff members may photograph participants in programs or special events. These photos are for TCDPR, SOS Sink or Swim, and CBMM use only and may be used in future brochures, flyers, website, or social media postings. By registering for this program, I agree to allow publication of any photos taken at any program, event, or facility and occasional promotional emails regarding upcoming programs. SOS Sink or Swim is docked at the Chesapeake Bay Maritime Museum, a 501(c)(3) non-profit organization.

Signature of Parent/Guardian _____ Date _____

**RETURN FORM TO 10028 OCEAN GATEWAY EASTON, MD 21601
OR EMAIL PARKS@TALBOTCOUNTYMD.GOV**

