**Welch Field Swimming Registration - 2021**

**ADULT FORM**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate \_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip \_\_\_\_\_\_Phone (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: White \_\_\_ Hispanic or Latino \_\_\_ Black or African American \_\_\_ Asian \_\_\_\_

Native Hawaiian/other Pacific Islander \_\_\_ American Indian/Alaskan Native\_\_\_ Two or More Races \_\_\_

Programs: Aquacize Classes \_\_\_\_Lap Swim Sessions \_\_\_\_Open Swim Sessions \_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

1.) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Restrictions or Concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THINGS TO KNOW:

**AQUACIZE**

We will be limiting aquacize classes to 15 participants. We are still determining the best way to register for specific classes. We are looking into some type of "reservation" system. More information to come soon.

**LAP SWIM**

We will be limiting lap swim sessions to 6 swimmers (as we have 6 lanes). However, if lap swimmers come from the same household, they can share a lane. Lap swim will be done on a first come, first-serve basis.

**OPEN SWIM**

We will be limiting open swim capacity to 40 swimmers and 50 people in the pool area. Open swim will be done on a first come, first-serve basis. Starting on Monday, June 28th, we will have three open swims each day. One from 12:30-2:30 p.m., 3:00-5:00 p.m., and 7:00-8:30 p.m. For the afternoon open swims, each swimmer will only be allowed to swim at one session so that we can serve more people each day.

**\*You can turn the forms in by dropping them off at the village window in Eason Hall (Open 8-4:30, Monday-Friday) or by mailing it to the Westfield Recreation Department at 23 Elm St., Westfield, NY 14787. Registration forms will NOT be accepted without payment (except for non-Westfield residents who will be put on a waiting list). Official registration nights are on June 15th & 17th from 6 to 8 p.m. inside the field house at Welch Field. Participants can also sign up throughout the summer at the pool. No one can participate until their registration form is filled out.**

I hereby release, the Village of Westfield and all persons officially associated with the Westfield Rec. Dept.’s Welch Field summer programs, from all responsibility regarding COVID-19 possible exposure, injury and/or property damage, or loss relating to me, and I authorize medical treatment in case of injury. I give permission to use unnamed photographs of myself for publicity. By signing this document, I am affirming and accepting the responsibilities of the COVID-19 warning instructions posted at the Welch Field facilities.

Date\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Participant Signature of Participant

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Office Use Only**: Check One: Resident\_\_\_\_\_\_\_\_ Non-Resident \_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check or

Cash:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_