

THIBODAUX RECREATION 2023 SWIMMING LESSONS



OFFERED TO:	Boys & girls ages 3 & up (Adult classes available 2nd session at 5:00pm)
REGISTRATION:	Registration begins March 6 th – until classes are filled. 1.) Register at Peltier Park Recreation Building Mon – Fri 8:00am-Noon & 1:00pm-4:00pm (Cash, Checks payable to City of Thibodaux, Visa or Master Card accepted) 2.) Register online with credit card at www.ci.thibodaux.la.us 3.) Print out registration form online and mail form with check payable to City of Thibodaux- PO Box 5418, Thibodaux LA 70302
DATE/TIME:	1 st Session: June 5 – June 23 Monday - Friday Available class times: 8:30am / 9:30am / 10:30am / 6:00pm 2 nd Session: July 3 – July 21 Monday - Friday Available class times: 8:30am / 9:30am / 10:30am / 5:00pm / 6:00pm
LOCATION:	Thibodaux Municipal Pool (Located on 737 Goode Street)
FEE:	\$50 a session or \$90 for both sessions

Lessons taught by American Red Cross Certified Lifeguards.



(Family Membership will be available this summer, please check back in May. Pool opens to the May 30 – July 4)

**For more information regarding the Municipal Pool, please contact the Parks & Recreation Department at 985-446-7235.



REGISTRATION FORM

SWIMMING LESSONS

ONE SESSION: \$50.00

BOTH SESSIONS: \$90.00

Please Check the Choice for Session(s) Below.

SESSION ONE:		SESSION TWO:	
<input type="checkbox"/> June 5, 2023 thru June 24, 2023		<input type="checkbox"/> July 3, 2023 thru July 21, 2023	
CIRCLE ONE: 8:30AM 9:30AM 10:30AM		CIRCLE ONE: 8:30AM 5:00PM (adult class available) 9:30AM 6:00PM 10:30AM	

SWIMMER INFORMATION: FIRST TIME PARTICIPANT (check box if "YES".) ADDRESS CHANGE (check box if "YES".)

CHILD'S NAME: _____ GENDER (circle one): MALE FEMALE AGE: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LIST ANY MEDICAL PROBLEMS OF THE SWIMMER: _____

DOCTOR TO NOTIFY FOR EMERGENCY: _____ PHONE: _____

PERSON TO NOTIFY FOR EMERGENCY: _____ PHONE: _____

PARENT / GUARDIAN INFORMATION

PARENT 1: I agree to receive text messages from the City of Thibodaux.

NAME: _____

CELL: () _____ list service provider to receive text

HOME: () _____

WORK: () _____

E-MAIL: _____

PARENT 2: I agree to receive text messages from the City of Thibodaux.

NAME: _____

CELL: () _____

HOME: () _____

WORK: () _____

E-MAIL: _____

CODE OF CONDUCT

Code of conduct applies to everyone, including parents and spectators, who participates in any activity sponsored by the Recreation Department of the City of Thibodaux.

- No alcoholic beverages or illegal drugs are permitted on the premises (buildings, parking lots, inside and outside of pool areas).
- All participants -- swimmers, instructors, lifeguards -- should behave in a polite manner. Abusive language and cursing is prohibited.
- No one shall hit another person before, during, or after activity.
- No one shall deliberately damage Recreation Department equipment/property.
- Any person violating any rule will be temporarily or permanently banned from all Recreation Department activities.

PARENTAL AUTHORIZATION

I, parent or guardian of the above-named candidate for a position in above-mentioned Swimming Lesson program, hereby give approval to his/her participation in any and all swimming activities during the current session. I assume all risks and hazards incidental to such participation in activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local municipal organization, governing board, the organizers, managers, teachers, lifeguards and participants in such activities, for any claim arising out of an injury to the individual, except to the extent and in the amount covered by accident and/or liability insurance held by the local program.

I also grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital, or medial clinic should the individual become ill or injured while participating in swimming activities when neither parent/guardian is available to grant authorization for emergency treatment.

Signature of Parent or Guardian _____ Relationship _____

Print or Type Name of Parent or Guardian _____ Date ____/____/____

PAYMENT DETAILS:

PLEASE MAKE CHECK PAYABLE TO: CITY OF THIBODAUX
MAIL PAYMENT TO: Recreation Department
P.O. Box 5418
Thibodaux, Louisiana 70302

Registrations for classes will close when classes are filled.
We will NOT exceed the amount of swimmers allowed in the pool - NO EXCEPTIONS

TREC OFFICE USE ONLY: (Please do not write below this line).

AMOUNT PAID: CASH CHECK CREDIT CARD

\$ _____ No. _____ Type: _____

Receipt No.: _____ Mail Rec'd Date: _____