SUMMER SWIM PROGRAM – 2025

We are excited to announce that the Town of Champlain will be sponsoring an instructional swim program at the NCCS Pool this summer. There will be one (3 week) session held at the NCCS pool located on Route 276 in Champlain. The session is from July 14th through August 1st. Your child/children will be assigned a lesson time (1 hour in length). To attend this Youth Program free of charge, you MUST LIVE in the Town of Champlain, Town of Mooers, or Villages of Champlain and Rouses Point. Any child that is AGE 5 or OLDER, is eligible to participate in the American Red Cross Progressive Swimming Levels Program.

If you live outside of those tax boundaries, your child may attend the program (if space is available) at a cost of \$40.00 per child for the 3-week session. Full payment MUST accompany registration. No partial payments will be accepted.

Please note that there will be **NO TRANSPORTATION** to and from the swim program.

The following form needs to be filled out, signed, and returned to Charlene Sample at recdept@townofchamplain.com, no later than June 13th, 2025. For families with more than one child, please put all names on one form so that they can be scheduled together. Lessons will run from 8am – 1pm. Once the schedule is finalized, you will be getting an email stating the time of your lesson.

"NO REQUESTS FOR TIMES"

Please read classifications below to decide which level your child belongs in. If your child/children's swimming level is unknown, DO NOT leave the area blank as they will not be able to be registered for this year's program. If there are any questions regarding levels, feel free to contact Charlene Sample at 518-726-6388 or email at recdept@townofchamplain.com.

LEVEL 1 – Has no swimming skill

LEVEL 2 – Has passed Level 1; Can swim with kickboard/unassisted on front and back

LEVEL 3 — Can swim 5 yards, front crawl and some back crawl in chest deep water, can swim some in deep water, and can swim on side.

LEVEL 4 - Can swim front and back crawl 15 yards, knows butterfly motion and kick

LEVEL 5 – Can swim front crawl with rotary breathing 25 yds, back crawl 25 yds., elementary backstroke 15 yds., breaststroke 15 yds., and can demonstrate scissor kick

LEVEL 6 — Can swim 50 yds. Front crawl and back crawl, 25 yds. breaststroke, sidestroke, elementary backstroke, and butterfly

Registration Form for Swim Program

Child(ren) Information:				
NAME:	Age:	DOB:	SEX:	LEVEL:
NAME:	Age:	DOB:	SEX:	LEVEL:
NAME:	Age:	DOB:	SEX:	LEVEL:
NAME:	Age:	DOB:	SEX:	LEVEL:
Parent/Guardian Name:				
Physical Address:				
Town/Village:				
Email:				
Phone Number:				
DISCLAIMER: TOWN OF CHAMPLAIN, TOWN OF MRESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPE ANY WAY INVOLVED IN THE TOWN PROGRAMS FOR THE PART OF THE TOWN OF CHAMPLAIN, ITS AGE In consideration of my child's participation, of the Town of Champlain, any of their employees, insordinary negligence on the part of the Town or others in or receiving instruction in Town activities or any actil hereby voluntarily waive any and all claims resulting child, assigns, or me. Further, I understand that these programs into virtually all bones, joints, muscles, and internal orgato prevent serious injury. I am allowing my child to pa agree to accept any and all inherent risks of property cand in the event of an emergency, I hereby give permit examined and treated at the nearest medical facility. I further agree to indemnify and hold harmle Point, and others listed for any and all claims arising as any activities incidental thereto, wherever, whenever, as broad and inclusive as permitted by the laws of New will continue in full legal force and effect. I further agree I affirm that I am of legal age, the child's leg fully understand that by signing this form, I am giving negligence of the Town of Champlain, Town of Mooen	ERTY) TO ANY PE DR ANY REASON ENTS, OR EMPLOY I hereby release are structors, or agents for property daministities incidental the from ordinary negative certain risks, ans, and that equiparticipate in this act damage, or person sssion for my child ess the Town of Clica eresult of my child or however the saw York and agree the that the venue and gup legal rights and aup legal rights and aup legal rights and and any legal guardian, and aup legal rights and	S OF CHAMPLAIN RSON SUFFERED W WHATSOEVER, INCIPES. Ind covenant not-to-, from any and all page, personal injury, ereto, wherever, willigence, both preserving with knowledgal injury. In addition to be given emerge mamplain, Town of I ld's engaging in or a me may occur. I und hat if any portion is for any legal proceem freely signing this vor remedies which	WHILE PLAYING, PRELIDING ORDINA sue the Town of Choresent and future of arising as a result of the enever, or however, ore however, or however, or however, or however, or however, or how	RACTICING, OR IN ARY NEGLIGENCE ON mamplain, Town Board claims resulting from of my child's engaging er the same may occur may be made by a spinal injuries, injury on may be inadequate volved and hereby ay not always be there ent and/or to be a Champlain and Rouse in Town activities or raiver is intended to be emainder of the waive ew York.
Signature of Parent/Guardian		Date	e	