

# Swimming Lessons



# and Swim Team

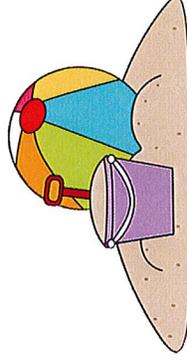


**Southeast Recreation offers lessons at Lake Tonetta!!**

**SWIMMING LESSONS:** For children in pre-K (entering K in September) through those children entering 7th grade.

Session starts June 29 and ends August 7 from 9:30-11:30 daily Monday thru Friday.

**Last day to register is June 19 at 2:00pm.**

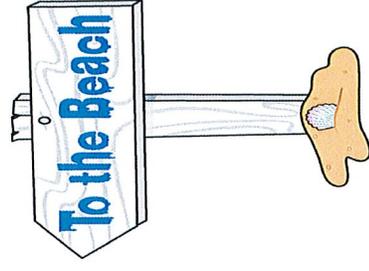


This program is open to Patterson residents as well as those who have children enrolled in the Brewster Central School District as well as those not part of the school district but Residents of the Town of Southeast.

**You must come to the Recreation Office to register -  
proof of residency and age are required.**

We are located at 1 Main Street, Brewster, NY.

Call 845-279-3915 or email [recreation@southeast-ny.gov](mailto:recreation@southeast-ny.gov) for more information.



# 2020 SWIM & LEARN REGISTRATION FORM

**You must come to the office to register for this program. Please bring birth certificate and proof of residency.**

NAME: \_\_\_\_\_ MALE: \_\_\_ FEMALE: \_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

GRADE ENTERING (2020/2021 SCHOOL YEAR): \_\_\_\_\_

SCHOOL: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

FEE: \$170 (non-refundable & non-transferrable): \_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_  
Payment Plan: \_\_\_\_\_

CREDIT CARD (No Amex): #: \_\_\_\_\_

All programs will be subject to a 2% transaction processing fee for all credit card payments.

Expiration Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Town of Southeast Recreation Department  
1 Main St / Brewster, New York 10509 phone #: (845) 279-3915 / Fax #: (845) 279-3137  
E-mail: recreation@southeast-ny.gov website: www.southeast-ny.gov