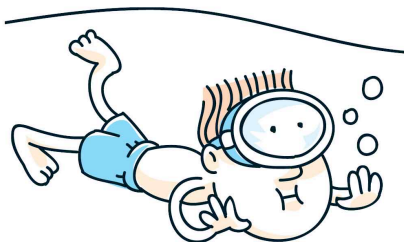


# All Stars Special Needs Swim Program



**4 week cycle; cycle dates determined by instructor**

**Times:**

**10am-10:30am  
10:30am-11am  
11am-11:30am  
11:30am-12:00pm  
12:00pm-12:30pm  
12:30pm-1:00pm**

**Price: \$125/child**

**Location: McMullin Pool, 748 Main Street, Norwell**

**Contact: Lauren McGonagle Walsh 781-500-0281/ lmcgonagle208@yahoo.com**

**Checks payable to: Lauren McGonagle  
82 Bayberry Rd, Marshfield Ma 02050**

**\*Saturday morning swim lesson program for children with varying special needs. Ages 3 and up. Children will be grouped by age and ability in half hour lessons with an instructor and aide. Price is per session. Space is limited- First come first serve!**

**\*\*Parents must stay on deck for child's lesson**

## SWIMMING REGISTRATION FORM

**Participant's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_ **Grade:** \_\_\_\_ **School:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**In case of an emergency situation, the above numbers will be called. Please provide additional contact information below in case the teacher is unable to reach anyone at the above numbers. *This person must be available and have access to transportation.***

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone\*:** \_\_\_\_\_ \*different than those provided above

**Student Information** *(Please be assured that all student information will remain confidential)*

**Please provide detailed information regarding your child's diagnosis, medical condition, allergies, strengths and weaknesses, and/or overall concerns to assist the instructor working with your child:**

**Circle if your child currently receives services via:**  
**IEP   504   DCAP   Remediation**

**Does your child have a 1-1 aide at school?**

**Does your child have an out-of-district placement?**

The CORSE Foundation does have financial assistance guidelines developed for fair and equitable access for all students.

- I would like to request financial assistance. By checking this box, a representative of the CORSE Foundation will contact you.

## **Policies and Procedures**

*(Please read carefully and complete acknowledgement box on registration form)*

- Unless otherwise noted, registration will occur on a first come, first served basis.
- Each program has a 3:2 (student to staff) ratio, unless otherwise designated. This 3:2 student to staff ratio allows for most children ***with and without special needs*** to successfully access our classes independently, if the student can understand directions, be able to request assistance and have basic verbal skills to communicate with peers. If your child needs access to medications, please be aware that there is no nurse on-site. Parents are responsible for assuring the appropriate information is provided to the instructors. Instructors cannot dispense medication or perform testing. If there is an emergency, 911 will be called. If a parent/guardian believes that a program is not accessible to their child without reasonable accommodations and wants more information, please contact the CORSE Foundation who will put you in touch with the appropriate program provider. If you register your child within 10 days of the program start date, your child's start date may be delayed one week to ensure proper staffing and appropriate reasonable accommodations.
- Parents must stay on deck for child's lesson
- If your child is intentionally disruptive in the class, you may be called to pick them up early. Chronic intentional behavior problems will result in termination from the program without refund.
- **I understand and affirm that by registering my child for a CORSE program, I grant permission for SPS, Scituate Recreation, Lauren McGonagle, and CORSE to use photographs and/or videos of my child in CORSE, SPS and/or Scituate Recreation publications, materials and websites.** If there is a need to avoid photos of your child, you must contact [corsefoundation@comcast.net](mailto:corsefoundation@comcast.net) and put your request in writing. Every effort will be made to avoid photos in regards to this request, but it cannot be guaranteed.
- Refund policy is based on the withdrawal date of the student. Please notify Lauren McGonagle immediately.

**Scituate CORSE Foundation**  
**Parental Consent, Release from Liability and Indemnity Agreement**

- I have read the policies and procedures and fully understand them.
- I understand and affirm that by registering my child for a CORSE program, I grant permission for SPS, Scituate Recreation, Lauren McGonagle and CORSE to use photographs and/or videos of my child in CORSE, SPS and/or Scituate Recreation publications, materials and websites. If there is a need to avoid photos of your child, you must contact [corsefoundation@comcast.net](mailto:corsefoundation@comcast.net) and put your request in writing. Every effort will be made to avoid photos in regards to this request, but it cannot be guaranteed.
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I/We, the undersigned father, mother or guardian (circle or insert legal relationship to student, e.g., "parent," "guardian") of \_\_\_\_\_ (insert name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary after-school, athletic or recreation programs of the Town/ and /or Public Schools of Scituate (hereinafter "the Town"). **This program is run and managed exclusively by Lauren McGonagle, not the CORSE Foundation nor the Scituate Public Schools or Scituate Recreation Department. CORSE is affiliated but is not involved in the direct management or operations of the program.** I/We also agree to forever RELEASE the Town, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Scituate, the School Committee, and all their employees, officers, agents, board members, volunteers, parent/teacher organizations, Scituate CORSE Foundation, Friends of Scituate Recreation, Lauren McGonagle, MASK, McMullin Pool and any and all individuals and organizations assisting or participating in voluntary after-school, athletic or recreation programs of the Town ("the Releasees") from any and all claims, actions, rights of action, and causes of action, damages, costs, loss of services, expenses, compensation and attorneys' fees that may have arisen in the past, or may arise in the future directly or indirectly, from known and unknown personal injuries to my child or property damage resulting from my child's participation in the said Town and/or Public School's voluntary after-school, athletic or recreation programs which I/we may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorneys' fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town and/or Public Schools of Scituate voluntary after-school, athletic or recreation programs or administration of first aid.

I/We further affirm that I/we have read this Parental Consent, Release from Liability and Indemnity Agreement, and that I/we understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Agreement, I/we affirm that I/we have decided to allow my child to participate in the Town and/or Public Schools' after-school, athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I/we may suffer in voluntary Town and/or Public School after-school, athletic or recreation programs. Permission is granted for any emergency medical treatment needed.

**I have read and understand the contents of this agreement (*this is required for enrollment*).**

Signature of Parent(s) or Guardian(s): \_\_\_\_\_

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