

2026 Machias Summer Recreation Registration

*One form must be filled out for **each child** participating in the Summer Recreation Program*

Child's Name: _____
Last Name First Name

Address: _____

Date of Birth: _____ Grade in Sept: _____
Month Day Year

Parent/Guardian: _____ Daytime Phone: _____

_____ Daytime Phone: _____

Additional Contact in the event parent/guardian cannot be reached:

Emergency contact & relation to child: _____
Name Relationship to child

Emergency contact day phone: _____

Please list any other person(s) that you authorize to pick up your child at the end of the day and their relationship to your child:

We appreciate your participation in our summer recreation program and understand that unforeseen circumstances may arise. However, to ensure the safety and well-being of all children in our care, we would like to inform you about our **late pick-up policy**.

If your child is not **picked up by 2pm**, a late pick-up fee of **\$10** will be charged for every 15 minutes beyond 2pm. This fee is intended to cover the additional staff time and resources required for supervision beyond regular program hours. This fee is expected at the time of pick-up or the following morning. Failure to pay late fee may result in the child(ren) not being able to participate in the program.

We kindly request your cooperation in adhering to the program schedule to maintain a smooth and efficient operation. Your understanding and support in this matter are crucial to the success of our program.

_____ Parent/Guardian Signature _____ Date

The safety of your children is of the utmost importance to us as well as creating an enjoyable experience. In order for both of those to happen **each child** will need to meet expectations of the staff and program and display positive behaviors. If your child is unable to meet expectations or displays non-positive behaviors the director or head lifeguard will address the issue and communicate with the child's parent/guardian. *Repeat issues could result in expulsion from the program.* These will be handled on an individual basis.

_____ Parent/Guardian Signature _____ Date

Medical Information:

Please list any medical conditions (including all medications) or allergies (including food allergies) that our staff should be aware of. This information will be kept confidential/need to know basis among staff:

What is your child allergic to? _____

Do you permit the Town of Machias Summer Recreation staff to seek medical treatment for your child if unable to reach parent/guardian/emergency contact? This care may be given under whatever conditions are necessary to preserve the life or well-being of your child. **Yes / No** (Please Circle)

Do you consent to having your child's photo taken and therefore give permission for it to be published in the newspaper, on social media, or in other printed material? **Yes / No**

By signing this form, I agree not to hold the Town of Machias Summer Recreation Program liable for accident or injury occurring during my child's time at the Program or in any program activity (including field trips). I hereby consent to my child participating in the Town of Machias Summer Recreation Program and subject them to all the subsequent rules and regulations.

_____ Parent/Legal Guardian Signature _____ Date

Sincerely,

Christin Baker
Program Director

Maggie Parish
Head Lifeguard

Machias Recreation Program Notes:

Staff Member Reviewing Form	Siblings Also Enrolled	Machias Resident	Non-Resident	Amount Received	Notes

Swimming: 2026 Machias Summer Recreation

We are excited that your child will be a part of our program! The following information will help us to find the best class/level your child should be in. All children will progress at individual rates. Instructors must maintain current certifications in Lifeguarding, First Aid and CPR. The pool depth in the shallow end is approximately 3 feet 6 inches.

*One form must be filled out for **each child** participating in the Swimming Program*

Child's Name: _____
Last Name First Name

Date of Birth: _____ Age: _____ Grade in Sept: _____
Month Day Year

Has your child participated in a learn to swim program before? Yes _____ No _____

If yes, where? _____

Please list any Red Cross Cards Received: _____

Please choose a level that you believe best describes what level/class your child may be ready for. Once the lessons begin and your child progresses and learns, the level may change.

_____ **Non-Swimmer:** Will be introduced to skills. Gets face wet, with assistance goes on front and back, kicks and blows bubbles. Learns entering and exiting the water, safety and to enjoy the water.

_____ **Beginner:** Learns fundamentals. Is comfortable in the water, gets face wet, attempts to go on back and front, moves arms and legs independently. Begins to float on front and back.

_____ **Advanced Beginner:** Fully goes under water, Floats on front and back independently, pushes off from bottom or side and uses arms and kicks to move across the water. Has beginning 3171 West Five Mile Road stroke movements. Further develops stroke movement on front and back. Builds confidence.

_____ **Intermediate:** Jumps into water both shallow and deep, treads water, can swim 25 or more yards using front and back crawl, Swims underwater at least 5 body lengths. Uses rotary breathing. Builds strength and endurance. Is introduced to a variety of strokes. (Front, Back, Side, Butterfly)

_____ **Swimmer:** Knows a variety of strokes – Front and Back Crawl, Breaststroke, Elementary Backstroke, Sidestroke, Butterfly. Is comfortable diving. Endurance and stroke refinement will occur.

Additional notes, comments and goals that will help us in planning a great experience for your child:
