



# City of Hammond Recreation Department

Zemurray Park Swimming Pool  
400 South Oak Street \* Hammond, LA 70403  
985-277-5903 or 985-277-5905



## Swimming Lessons Application

(Ages: 5 yr. – 13 yr. olds)

Welcome to the Hammond Area Recreation Department Aquatic program.

We hope to bring you and your family a fun and memorable summer.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother \_\_\_\_\_ Work# \_\_\_\_\_

Father \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Parents E-Mail \_\_\_\_\_ (to receive correspondence)

**PARENTS/GUARDIAN MUST BE PRESENT DURING THE ENTIRE SWIMMING LESSON**

Any special information we need to know (allergies, disabilities, communicable disease, etc.):

**June 9<sup>th</sup> – 19<sup>th</sup> & July 7<sup>th</sup> – 17<sup>th</sup>, 2026**

Time Requested: Beginners- A.M: 8:00 - 8:45 \_\_\_\_\_ Intermediate- AM: 9:00 – 9:45 \_\_\_\_\_

Beginners- PM: 4:00 - 4:45 \_\_\_\_\_ Intermediate- PM: 5:00 – 5:45 \_\_\_\_\_

**Swim Lessons Sessions (2 weeks each) Tuesday – Friday**

**\$100.00 for the two (2) weeks Sessions.**

**Each session is limited to ten (10) swimmers.**

**(Only one (1) swim session per child is allowed in either June or July)**

### Ages & Groups

All lessons are taught Tuesday through Friday for two consecutive weeks at Zemurray Pool. There is a guarantee for (6) of the (8) lessons. Our staff is allowed up to (2) emergency cancellations per session (such as rain-outs). Any cancellations after these (2) will be made up on Saturday.

The students will be grouped by age or ability-level on the first day of class. We reserve the right to move students into different classes due to skill levels (**Beginners or Intermediate**) at the AM/PM time selected.

**Beginners:** The goal for this age group is to learn basic stroke and safety skills. Most children in this age group will learn at least one stroke such as elementary back stroke. Most children of this age do not have the range of motion needed to perform such strokes as freestyle and breaststroke. Instructor to student ratio is 1:5.

**Intermediate:** The students in this age range will be able to learn more advanced techniques. The students in this age range will be able to learn more advanced techniques such as freestyle, backstroke, breaststroke and shallow diving. The instructor to student ratio is 1:5.

Whether the student wants to learn how to swim or learn how to get over their fear of the water, we are prepared to help.

**CONSENT FOR MEDICAL TREATMENT:** As the parent or legal guardian of the above named child. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

**RELEASE OF LIABILITY:** In consideration of their child being permitted to participate in any event or activity sponsored, promoted, or organized by the City of Hammond Recreation Department, the undersigned for himself or herself, personal representatives, heirs, assigns, relatives, and minor child HEREBY RELEASES, the City of Hammond and its respective insurers, officers, officials, sponsors, employees their agents and Zemurray Park, hereafter referred to as RELEASES, of any and all liability to the minor child, whether the child is for any purpose participating in such event or activity. It is fully understood by each of the undersigned that there is some inherent risk associated with the activity, including damages to property and personal injury. IN ADDITION, the undersigned AGREES TO:

**INDEMNIFY AND HOLD HARMLESS** the Releases of any loss, liability damage, or cost they incur due to such participation by the child, whether caused by Releases' negligent act or omission, acts or omissions of other participants, other persons or otherwise while the minor is participating in any event or activity organized and/or sponsored by the City of Hammond.

**IMAGE CONSENT/RELEASE** I hereby give permission for images of myself and the child for whom I am guardian that are captured during the City of Hammond Recreation Department activities or events through video, photo and digital camera to be used for purposes of documentation, promotion, and publicity of the program and its associated activities and waive any rights of compensation or ownership thereto. As such, I relieve and hereby agree to hold the City of Hammond, City of Hammond Recreation Department, affiliated organizations and sponsors or partners of the City of Hammond Recreation Department free and harmless from any and all liability arising out of interviews, footage, or photography and subsequent publication or broadcast, I understand that the recording/interviews/photography are being carried out with my consent and so I assume full responsibility.

In signing this release, I hereby acknowledge and represent to the City of Hammond the following:

1. That he/she has read the foregoing Release and Waiver of Liability / Indemnity Agreement / and Waiver/Release for Communicable Disease Including Covid-19 and fully understands its contents.
2. That his/her minor child participating in the event or activity are in good health, physically fit and physically able to participate in the activity.

By submitting this registration form, you understand and agree to all registration policies

_____	_____	_____	_____
Signature of parent/guardian	Date	Signature of parent/guardian	Date
Email: _____		Email: _____	

**REGISTRATION POLICIES**

Registration begins: **March 17th, 2026.**  
 No registration will be accepted once full.  
 The number of spots are limited.  
 Application accepted on a **first come first serve** basis only.

**Office Hours For Registration**  
**Monday-Friday 8am - 4pm**  
**(985) 277-5903 or 985-277-5905**

**Michael J. Kenny Center**  
**601 W. Coleman Avenue**  
**Hammond, LA 70403**

**PAYMENTS**

**Checks, Cash, M/O or Cards.**

Make checks payable to the:  
**City of Hammond Recreation Dept.**

No application is accepted without full pay.

**No Refunds** after start date.

If there is any information you need and cannot find, please contact us at Zemurray Pool (985) 227-5903.



Official Only

Date Paid: _____	Amt. Paid: _____	Check#: _____
Card: _____	M/O: _____	Sponsorship: _____

