

Swimming Lesson Registration 2024

Child's First Name: _____ Last Name: _____

Age: _____ Birth date: _____ Phone: _____

Address: _____

Do you pay a City water bill? _____

Parent's Name: _____

Emergency contact:

Name _____ Phone #: _____ Relationship: _____

Any Additional Information:

Medical Information & Release

Any Health Conditions: **NONE** _____ If yes, please explain _____

Allergies: **NONE** _____ If yes, please explain _____

I hereby give permission to transport my child by ambulance when urgent medical care is deemed necessary by the Plymouth Community Pool Staff. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. **In the event I cannot be contacted, the ER staff may do any lifesaving measures deemed necessary.**

Additional parent comments: _____

Signature: _____ Date: _____

Lesson Information

Lessons are 4 days a week for 45 min. each day and cost \$40 for residents, \$50 for non-residents. If we lose a day to weather that class will be made up on Friday of that week.

Has your child taken swim lessons before? _____ Level of last class COMPLETED _____

Session 1 (June 10 – June 20) Level number _____ Time choice: 10am 11am

Session 2 (June 24 – July 5)* Level number _____ Time choice: 10am 11am 6pm

Session 3 (July 8 – July 18) Level number _____ Time choice: 10am 11am 6pm

Session 4 (July 22 – Aug 1) Level number _____ Time choice: 10am 11am

Level choice may need to be changed according to the discretion of the swimming instructors

There is a \$15 fee for any cancellations