



Barre City Pool SWIM LESSON REGISTRATION

Participant Information

Student Name: _____ Age: _____

Email Address: _____ Gender: _____

Address: _____ City, State, & Zip: _____

Current Swimming abilities: _____

Does the participant have any medical conditions that the lifeguards or staff should be aware of?
(Diabetes, asma, suffering from seizures, etc.)

Circle: Yes or No If yes, explain:

10:00 -10:30 _____ 10:30 -11:00 _____ 11:00-11:30 _____ 11:30-12:00 _____

You will be contacted to coordinate dates for your lesson.

Half hour lessons with one instructor possibility of 1 observing instructor, five days out of the week.

Resident - 40\$

Non- Resident - 60\$

There will be no refunds for missed lessons, no shows, or if the participant refuses to participate once class has begun.

Parent/Guardian Contact Information:

Name: _____ Relationship to participant: _____

Contact Numbers: (HP) _____ (Cell) _____ (Work) _____

Emergency Contact Cell Phone Number: _____

Permission:

Indemnity clause (to be signed by participant or parent/ Guardian - Above 21 years of age)
The instructor has the right to cancel lessons in the event of bad weather conditions or other dangerous causes.

I, _____ grant permission for my child/ward,
_____ to participate in swimming lessons put on by the Barre City pool.

