

2018 OAKES POOL

PRE-SCHOOL

SWIMMING LESSONS REGISTRATION

Any Changes Will Be Posted
At The Pool and On Facebook Page

\$20.00

****Days & Time May Change Due to Instructor Availability****

****AGES 2 1/2 - 5 YEARS OLD****

****8 STUDENTS PER LEVEL****

SESSION & TENTATIVE DATES: (circle)

Session # 1

July 8 - July 12 * 5:00 - 5:30

Session # 2

July 8 - July 12 * 5:30 - 6:00

Session # 3

July 15 - July 19 * 5:30 - 6:00

Session # 4

July 29 - August 2 * 5:30 - 6:00

Student Name: _____ Age: _____ Phone: _____ Email: _____

Consent for Medical Treatment and Participation:

I, the undersigned, hereby authorize first aid, medication and/or medical treatment deemed necessary in case of an emergency for the above-named student, a participant in the swimming program at the Oakes Public Swimming Pool. I understand that I will be responsible for any expense incurred on his/her behalf in connection with such treatment. I also authorize the program appointed authority to execute on my behalf any permission slips and other appropriate documents and act on my behalf if I am not immediately available to do so.

Signature: _____

Date: _____

*****Office Use Only*****

Date Paid: _____ Total: \$ _____

BY: _____