

**TUSCOLA SWIMMING LESSONS 2019**

**Total paid** \_\_\_\_\_ **Cash** \_\_\_\_\_

**Check#** \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Emergency contact \_\_\_\_\_

Email Address \_\_\_\_\_

Please explain any medical situations we should be aware of \_\_\_\_\_

Please circle your child's level:

1 2 3 4 5 6 - \$40.00; Pre-School (ages 3 and 4) 11-11:30 a.m. - \$30.00

Please circle which session you would like:

Session 1 – June 24<sup>th</sup> – June 28<sup>th</sup>                      10-10:50 a.m.              11-11:30 a.m.

Session 2 – July 8<sup>th</sup> – July 12<sup>th</sup>                      10-10:50 a.m.              11-11:30 a.m.

\*\*\*\*\*

I/we assume all risks and hazards incidental to the conduct of the program. I/We do further hereby release, absolve, indemnify and hold harmless the Tuscola Pool staff, the City of Tuscola and it's officers. In the event of an emergency requiring medical attention, I hereby grant permission to the Tuscola pool staff to call the necessary medical help needed to attend to my child.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Cashier Name \_\_\_\_\_

Fee \$ \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

Session	June 24-28	10-10:50 a.m.	pre-school	11-11:30 a.m.
	July 8-12	10-10:50 a.m.	pre-school	11-11:30 a.m.