Cascade Municipal Swimming Pool
Private Lesson Registration

Child 1

_____ _____ _____
Name Age Birth Date

Five 30 Minute Lessons @$100 ☐ **Five 15 Minute Lessons @70** ☐
Swim Lesson Level:_____(Beginner – Level 5)

Child 2

_____ _____ _____
Name Age Birth Date

Five 30 Minute Lessons @$100 ☐ **Five 15 Minute Lessons @70** ☐
Swim Lesson Level:_____(Beginner – Level 5)

Child 3

_____ _____ _____
Name Age Birth Date

Five 30 Minute Lessons @$100 ☐ **Five 15 Minute Lessons @70** ☐
Swim Lesson Level:_____(Beginner – Level 5)

Name(s) of Parent/Guardian _____

Address _____ Email _____

Phone #1_____ Phone #2 _____

Preferred Instructor: _____(this is NOT guaranteed)

I hereby agree to permit my child to participate in private swimming lessons at the Cascade Municipal Pool. I understand that the City of Cascade and its employees will not be held responsible for any accidents/incidents that may occur.

Signature of Parent/Guardian _____ Date _____

_____

TO BE COMPLETED BY CITY/POOL STAFF:

Date Paid: _____ Amount Paid: _____ Payment Type: _____

Date of Lessons _____ Time of Lessons _____

Name of Instructor _____