LEROY COMMUNITY POOL

406 West Main St.

LeRoy, MN  55951

507-324-5742

[leroypool324@gmail.com](mailto:lerypool324@gmail.com)

**Private lessons cost $15 per half an hour per child**

***Please return this form as soon as possible to guarantee a spot in the session you prefer.***

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_ Level Completed:\_\_\_\_\_\_\_**

**Parent(s) Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact/Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount enclosed: $\_\_\_\_\_\_\_\_\_\_\_** (Make check payable to the LeRoy Community Pool.)

**Private lessons can be set up for any time or date that works with you and the instructor.**

My child has permission to participate in the swim lesson program. I will not hold the LeRoy Community Pool or its employees responsible for any accidents that may occur. In the event that I am not available, I give my permission to the lifeguards, to provide first aid or if necessary to contact emergency medical services.

Signature of parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_