LEROY COMMUNITY POOL

P.O. Box 176

LeRoy, MN  55951

507-324-5742

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

**RED CROSS SWIM LESSONS**

**$35.00 Members**

**$55.00 Non-Members**

***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.)

**Spring Session: April**

**We will have lessons on the following days in April from 6:00-6:45 (April 1, 2, 4, 8, 9, 10, 11, 15, 16, and 18)**

My child has permission to participate in the summer 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_