LEROY COMMUNITY POOL

P.O. Box 176

LeRoy, MN  55951

507-324-5742

leroypool324@gmail.com

**RED CROSS SWIM LESSONS**

**Cost: $45.00**

***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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Required)**

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

**\*\*Please pay on the first day of lessons\*\***

**July Sessions:** 6 7 8 9 10 13 14 15 16

\_\_\_\_\_ 10-10:30 am \_\_\_\_\_\_11-11:30 am \_\_\_\_\_\_7:15pm – 7:45pm

* **Parents will not be allowed in pool area.**
* **Please wear swimsuit to the lesson.**
* **Locker room will be used for showering before lessons. No changing of clothing allowed.**

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.

**Subject to change. Please watch Facebook, Website, and email if changes or cancellation occurs.**

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