LEROY COMMUNITY POOL

406 West Main St.

LeRoy, MN  55951

507-324-5742

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

**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\*\***

**\*\*Only 6 Students per group allowed\*\***

**June Session 1:** 7-11 and 14-17

\_\_\_\_\_ 9:30-10:00 am \_\_\_\_\_ 10:15-10:45 am \_\_\_\_\_\_11-11:30 am \_\_\_\_\_ 11:45am-12:15pm

**June Session 2:** 21-25 and Jun28-Jul 1

\_\_\_\_\_ 9:30-10:00 am \_\_\_\_\_ 10:15-10:45 am \_\_\_\_\_\_11-11:30 am

**July Session:** 12-16 and 19-22

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

* **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_