OAKES POOL
SWIMMING LESSONS REGISTRATION

Please Note Date & Times....
No Further Notice Will Be Given.
Any Changes Will Be Posted At The Pool
Two Rain dates built into each session

SESSION & TENTATIVE DATES: (circle)

Session # 1	June 13 – June 17 & June 20 – June 24 5:15 – 6:00 (all levels)
Session # 2	July 11 – July 15 & July 18 – July 22 10:00 – 10:45(levels 2, 4, 6) or 11:00 – 11:45(levels 1, 3, 5)
Session # 3	July 25 – July 29 & August 1 – August 5 10:00 – 10:45(levels 2, 4, 6) or 11:00 – 11:45(levels 1, 3, 5)
Private Lessons	Call Guard or Pool to Schedule

LEVEL : (circle) **Level 1** **Level 2** **Level 3** **Level 4** **Level 5** **Level 6**

Name: _____ Age: _____ Phone: _____

Consent for Medical Treatment and Participation:

I, the undersigned, hereby authorize first aid, medication and/or medical treatment deemed necessary in case of an emergency for _____, a participant in the swimming program at the Oakes Public Swimming Pool. I understand that I will be responsible for any expense incurred on his/her behalf in connection with such treatment. I also authorize the program appointed authority to execute on my behalf any permission slips and other appropriate documents and act on my behalf if I am not immediately available to do so.

Signature: _____ Date: _____

**********Office Use Only**********

Date Paid: _____ Total: $_____ ck#_____ cash BY: _____