

Haines Borough Swimming Pool Swim Lesson Application

Student's Name: _____ Age: _____

Address: _____

Parent/Guardian information: _____

_____ Phone: _____

Prior Lessons? Yes No Date and level of last lessons _____

Your Comments: Example: Does your child like to blow bubbles, put their face in the water?

Parent or Guardian Consent

I hereby give my consent for the above named student to take swimming lessons. Furthermore, I hereby waive any liability of responsibility of the Haines Borough, it's officers, agents, or employees for injuries sustained during said lessons. Further, I give consent to emergency medical treatment by a qualified physician, nurse, and/or clinic during the periods in which the student is involved in said lessons.

Signature of Parent/Guardian

Date

Please circle the session(s) you would like to attend:

June 6-16

June 13-23

June 20-30

August 8-18

Lessons will be Mon, Tues, Wed, & Thursday for 2 weeks

45 min. class times may vary (between 9:30 & 11:30)

Cost: \$45

Return Applications & fee to the Swimming Pool

BY TUESDAY, MAY 31

Questions? Call the pool at:

766-2666