

# Summer Swim Program Worksheet 2020

Complete and return to the BOLD Community Pool Office when registering.  
Please Fill Out One Sheet per Child

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_

Swimming Session, Level and Time of Lesson Must be listed Below!

## Choice

Session	Level	Time
2	_____	_____

\*\*\*\*NO Phone Call Will be made to confirm\*\*\*\*Unless it can not be honored.

FEE: \$60.00 per child/per session for Levels with a Max of \$150.00 per session

FEE: \$35.00 per child for Preschool Lessons or Parent and Child

**FEE: \$60.00 per child for PM Lessons Level 1 and Level 2 These Lessons will require an adult from the same household who knows how to swim in the water with them.**

\*\*\*Payment must accompany registration

Make Checks Payable to BOLD Community Pool  
Attn: Tracey Johnson  
701 South 9<sup>th</sup> Street  
Olivia, MN 56277

Please Call Pool Coordinator Tracey Johnson with questions 320-523-1031 ext 3152

BOLD Community Pool's staff, the guards and all involved understand this will be something totally new to ALL of us. Our hope is to ensure the safety of everyone involved. We will work through all of the guidelines and precautions and we will adjust accordingly. Our Goal is to make your experience with us an enjoyable and safe as possible. To ensure this your help and understanding, along with common sense, adjustability, and respect for others will ensure a safe and enjoyable experience for all.

Sanitizing will be performed on a regular basis.

When entering and exiting the pool, locker rooms and using diving board please use the 6 feet of spacing at all times. MDH guidance for Social Distancing will be used.

**Those that do not comply with Public Safety or Social Distancing Guidelines set forth by the BOLD Community Pool, Water Safety Instructors, Lifeguards on duty and MDH, will be asked to leave for the rest of the day and maybe beyond.**

**Bold Community Pool Summer Program Registration**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

Grade Entering (Fall 2020) \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) \_\_\_\_\_

Home # \_\_\_\_\_ (Name \_\_\_\_\_) Cell  
# \_\_\_\_\_ (Name \_\_\_\_\_)

Work # \_\_\_\_\_ (Name \_\_\_\_\_)

E-mail Address \_\_\_\_\_

Allergies/Health Concerns \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Address \_\_\_\_\_

**In Case of Emergency Contact:**

1). \_\_\_\_\_ Phone # \_\_\_\_\_

2). \_\_\_\_\_ Phone # \_\_\_\_\_

**Medical Release**

In case of an accident, I hereby give permission to the BOLD Pool Staff to administer emergency care and first aid or to transport my son/daughter to the RC Hospital & Clinics, in the event I cannot be reached by telephone.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Non-refundable Fees**

I understand that if my child does not abide by the rules and regulations of the Summer Swim Program that he/she will be removed from the program at the discretion of the instructor and pool coordinator. I waive and release the Bold Community Pool and all summer staff from any liability if any injury occurs with my child.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

<https://docs.google.com/document/d/1KkAeTmqjgiZWisuh06Y1TVA6MecLsf64wXGYxKi258/e/dit?usp=sharing>