

Summer Swim Program Worksheet 2021

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! ****PLEASE MAKE SURE WE HAVE PHONE NUMBERS AND EMAILS (So we are able to contact you)**

1st Choice (Very Limited Class Size) ** with waiting list in case MDH make changes

Session	Level	Time
_____	_____	_____
_____	_____	_____

****NOTE: IF First request can be honored NO Phone Call Will be made to confirm****

2nd Choice

Session	Level	Time
_____	_____	_____
_____	_____	_____

** If second requested is used a follow up call will be made to confirm**

FEE: \$70.00 AM Session per child/per session for AM Levels with a Max of \$190.00 per session

FEE: \$40.00 per child for Preschool Lessons or Parent and Child with a Max of 100.00

FEE: \$60.00 per child for PM Lessons Level 1 and Level 3 at 5:00-5:45pm (July) with a Max of \$180.00

***Payment must accompany registration

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

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

Bold Community Pool Summer Program Registration

Name _____ Birth Date _____

Address: _____ City _____

Grade Entering (Fall 2021) _____ 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 _____