Summer Swim Program Worksheet 2019

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!

1st Choice

Session	Level	Time
I _____	_____	_____
II _____	_____	_____
III _____	_____	_____

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

2nd Choice

Session	Level	Time
I _____	_____	_____
II _____	_____	_____
III _____	_____	_____

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

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: $65.00 per child for PM Lessons Level 1 and Level 3 at 5:00-5:45pm (June)

***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 2019) _____ **Age**_____

Parent(s) _____

Home Ph #_____ **(Name**_____**)** **Cell Ph #**_____**(Name**_____**)**

Work Ph #_____**(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**_____