

APPLICATION FOR SWIMMING LESSONS
WHARTON MUNICIPAL POOL
Swimming Pool
Telephone:
979-532-2491 EXT. 603.

Date: _____

Child's name: _____ Age: _____

Name of Parent/Guardian _____

Address _____ City _____ Zip Code _____

Telephone: Daytime _____ Evening _____

SESSION: I. June 12 - June 22, 2018 Tuesday – Friday 11am -11:45am
II. June 26 - July 6, 2018 Tuesday – Friday 11am -11:45am

Swimmers will need to bring their own goggles

SWIMMING ABILITY: Beginner Intermediate Advanced

LESSON DESCRIPTION: Semi-Private: Maximum 15 children per session.

LESSON FEE: Individual: \$60
Family: \$60 - 1st child, \$50 - 2nd child, \$45 - 3rd child.

I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the City of Wharton and its respective representatives for any and all injuries suffered by, _____ in connection with his/her
(first name) (last name)
participation in the swimming lessons program.

Consent is hereby given for the applicant to attend the above indicated course and permission is given for any emergency medical treatment, operation, or anesthesia which might become necessary as a result of accident or injury during the course of this lesson.

Signed _____ Dated _____
(Parent or Guardian)

Make check payable to City of Wharton.

Amount Paid: \$ _____ Cash _____ Check # _____