

**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 14 - June 24, 2016 Tuesday – Friday 11am -11:45am  
II. June 28 - July 8, 2016 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 # \_\_\_\_\_