

**PIPESTONE PARK & RECREATION DEPARTMENT
SWIMMING LESSON REGISTRATION FORM**

CHILD'S NAME _____ PHONE (H) _____

ADDRESS _____ STATE _____ ZIP _____ (W) _____

E-MAIL ADDRESS _____

GRADE (2019/20) _____ AGE _____ BIRTH DATE _____

LEVEL I _____ TIME _____ LEVEL II _____ TIME _____ \$35.00 _____

LEVEL III _____ TIME _____ \$35.00 _____

LEVEL IV _____ TIME _____ \$40.00 _____

LEVEL V _____ TIME _____ \$45.00 _____

PRIVATE LESSONS 5 ½ HOUR SESSIONS DATES _____

INSTRUCTOR _____ 75.00 _____

LATE FEE AFTER DEADLINE \$ 5.00 _____

PAID: CASH _____ CHECK _____ VISA/MASTER/DEBIT _____

TOTAL FEES _____

WAIVER: I, the UNDERSIGNED, parent or guardian do hereby agree to allow my son/daughter to participate in American Red Cross lessons, and further agree to indemnify and hold the City of Pipestone and Ind. School District #2689 harmless from and against any and all liability for any injury which may be suffered by my son/daughter arising out of or in any way connected with his/her participation in this activity.

PARENT – PRINTED NAME _____

PARENT'S SIGNATURE _____ DATE _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY OTHER THAN PARENT

NAME _____ PHONE _____

