

# City of Holtville



## Swimming Lessons Registration 30 Minute Sessions/2 Weeks

Please Mark **ONE** Class

| 8:45 – 9:15 a.m. M-F  | 9:15 – 9:45 a.m. M-F  | 9:45 – 10:15 a.m. M-F   |
|---|---|---|
| <input type="radio"/> <b>Beginners</b><br>\$25.00 per child   | <input type="radio"/> <b>Intermediate</b><br>\$25.00 per child  | <input type="radio"/> <b>Beginners</b><br>\$25.00 per child   |
| No skills required; before swimming, either never been in the pool, or afraid of the pool and never had lessons; minimum age is 3; do not bring floaties. | Can blow bubbles, comfortable in the pool, yet don't know the strokes; minimum age 3; do not bring floaties; beginners class is recommended prior to enrolling in intermediate. | No skills required; before swimming, either never been in the pool, or afraid of the pool and never had lessons; minimum age is 3; do not bring floaties. |

Please Mark **ONE** Session

| <input type="radio"/> <b>First Session</b> | <input type="radio"/> <b>Second Session</b> | <input type="radio"/> <b>Third Session</b> | <input type="radio"/> <b>Fourth Session</b>            |
|--|---|--|--|
| July 14 – July 25                          | July 28 – Aug. 8                            | Aug. 11 - Aug. 22                          | Aug. 25 - Sept. 5<br><small>(except Labor Day)</small> |

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES/MEDICAL CONDITIONS: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) hereby agree to allow my child to participate in the City of Holtville Summer Swimming Lessons 2014 Program. In consideration for permitting my child to engage in the above stated activities I hereby agree to indemnify and hold harmless the City of Holtville and its employees, or volunteers from any liability which may occur in connection with these activities. I understand my child will be under general supervision of responsible adult supervision during this program. (One infant/toddler child per parent for the Mommy & Me class) I understand that I will remain in the water for the Mommy & Me Class with my child the entire time and acknowledge that I know how to swim. I hereby authorize emergency treatment to be given to my child if needed by competent medical personnel.

I HAVE CAREFULLY READ THIS RELEASE AND, HOLD HARMLESS THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS, I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Register at:  
City Hall  
121 W. 5<sup>th</sup> Street  
Holtville, Ca 92250

Call Denise at 760-356-3013 for more information.