

Dawson Aquatic Center
Swimming Lessons 2023
(320) 769-2387

Name: _____

Age: _____

American Red Cross age requirements

Parent and Child 6 months to 3 years

Preschool Aquatics Ages 4-5

Learn to Swim Levels 1-6 Age 6 (age 5 minimum)

Level: _____

Parent/Guardian: _____

Telephone # _____

Select one of the following:

Parent and Child / Preschool Lessons - \$25 - 4 half hour sessions

_____ Session 1 June 26-29 (makeup day June 30)

Parent and Child 5:00 pm

Preschool Aquatics 5:30 pm

_____ Session 2 July 24-27 (makeup day July 28)

Parent and Child 5:00 pm

Preschool Aquatics 5:30 pm

Learn to Swim Levels 1-6 Group Lessons - \$50 - 8 classes

_____ Session 1 June 6-9 & 12-15 (makeup day June 16)

Levels 4, 5, 6 10:00-10:45 am

Levels 1, 2, 3 11:00-11:45 am

_____ Session 2 July 10-13 & 17-20 (makeup day July 14 or 20)

Levels 4, 5, 6 10:00-10:45 am

Levels 1, 2, 3 11:00-11:45 am

_____ Private Lessons - \$75- four half hour lessons (no refunds)

- Please fill in below your preferred days of the week and time of day
- Typically scheduled in consecutive days
- Cannot be scheduled during open swim hours
- Due to a shortage of Water Safety Instructors private lesson availability will be limited

Preferred lesson time _____

over

WAIVER/RELEASE OF LIABILITY Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

I _____ the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming including but not limited to, paralyzing injuries and death. The participant hereby agrees to participate in swimming lessons and hereby agrees to indemnify and hold harmless the City of Dawson, Minnesota, and its employees against any liability resulting from any injury that may occur to the participant while participating in the lessons. The participant also agrees to indemnify the City of Dawson, Minnesota, and its employees for any damage incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of the City of Dawson, Minnesota, and its employees to have the participant treated in any medical emergency during his/her participation in the swimming lessons. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant. I have informed staff on any medical/health problems of which the staff should be aware. I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGNED IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____

Registered by (staff signature): _____ Paid: _____