

Dawson Aquatic Center
Swimming Lessons 2025
(320) 769-2387

Name: _____
Age: _____
Level: _____
Parent/Guardian: _____
Telephone # _____

American Red Cross age requirements

Parent and Child	Ages 1-3
Preschool Aquatics	Ages 3-4
Learn to Swim Level 1	Ages 5-6 (minimum of age 5)

Parent and Child - 4 classes \$25
____ June 16-19 - 5:15-5:45 pm

Preschool Aquatics (ages 3-4) - 4 classes - \$25
____ Session 1 June 9-12 - 12:05-12:35 pm
____ Session 2 July 7-10- 5:05-5:35 pm

Learn to Swim (ages 5 and up) - \$50
____ Session 1 June 9-13
(One hour sessions - Monday through Friday)
9:00 am Levels 5 & 6
10:00 am Levels 3 & 4
11:00 am Levels 1 & 2

____ Session 2 July 14-18
(One hour sessions - Monday through Friday)
9:00 am Levels 5 & 6
10:00 am Levels 3 & 4
11:00 am Levels 1 & 2

____ Session 3 August 4-8
(One hour sessions - Monday through Friday)
9:00 am Levels 5 & 6
10:00 am Levels 3 & 4
11:00 am Levels 1 & 2

Private Lessons - four ½ hour private lessons - \$75 (no refunds)
- Typically scheduled in consecutive days Monday-Thursday
- Cannot be scheduled during open swim hours
- Due to a shortage of Water Safety Instructors private lessons will be limited

**Please contact the pool manager after opening day to confirm availability.
Please confirm availability before making payment on private lessons.**

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: _____