



Learn to Swim at the Lagoon! \$170+tax for 8 lessons

SUMMER SESSION 3 Group Lessons

August 4-14 for M,T,W,Th mornings x 2 weeks

Students must pass the prior class in order to be registered in the next class (or be assessed.)

All children must be potty-trained and able to stand without assistance in our shallow end.

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> 9:00-9:30 | <input type="checkbox"/> Preschool 1 | <input type="checkbox"/> Preschool 2 | <input type="checkbox"/> Youth 1 | <input type="checkbox"/> Youth 3 |
| <input type="checkbox"/> 9:35-10:05 | <input type="checkbox"/> Preschool 1 | <input type="checkbox"/> Preschool 2 | <input type="checkbox"/> Youth 1 | <input type="checkbox"/> Youth 2 |
| <input type="checkbox"/> 10:10-10:40 | <input type="checkbox"/> Preschool 1 | <input type="checkbox"/> Preschool 2 | <input type="checkbox"/> Youth 1 | <input type="checkbox"/> Youth 3 |
| <input type="checkbox"/> 10:45-11:15 | <input type="checkbox"/> Preschool 1 | <input type="checkbox"/> Preschool 3 | <input type="checkbox"/> Youth 2 | <input type="checkbox"/> Youth 4 |
| <input type="checkbox"/> 11:20-11:50 | <input type="checkbox"/> Preschool 2 | <input type="checkbox"/> Preschool 4 | <input type="checkbox"/> Youth 2 | <input type="checkbox"/> Stroke Refinement |

Phone # and email are required

Parent (s) _____ Phone # _____

Parent Email(s) Please print neatly _____

Name of child _____ Age _____

Is your child fearful? Yes No Prior Lessons? Yes No Level passed? _____

Due to our very full schedule of classes, we do not offer make-up lessons for missed classes or for pool closures that are beyond our control (such as mechanical, contaminations or thunder/lightning). If we need to cancel a lesson due to an instructor absence, a credit voucher will be attached to the swimmer's report card on the last day of lessons. I understand this policy. Sign and Date _____

OFFICE ONLY



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