

# Fall Toddler Swim Lessons

**Who: Parent/Toddler (Ages 1-3)**

**Dates: October 5, 7, 12, & 14**

**Times: 6:00 pm - 6:45 pm**

**Instructor: Erica Pietz**

**Location: Jackson Indoor Pool**



## Parent

Parent/Guardian Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

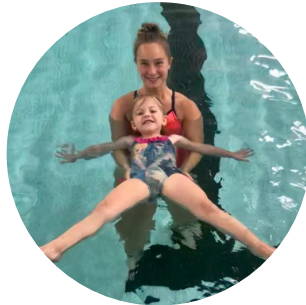
## Swimmer

Participant Name: \_\_\_\_\_ Circle One: Male Female

Current age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does the participant require any accommodations (Circle One)? YES NO

If Yes, please explain: \_\_\_\_\_



## Payment

**\$40.00**

Payment Included: CASH CHECK CHECK NUMBER \_\_\_\_\_

Ucare ID (if applicable): \_\_\_\_\_

## Consent

### PARENT PERMISSION:

I, the undersigned parent/guardian of the above identified, a minor child, hereby consent to the participation of said child in the Jackson Indoor Pool swimming lesson program and do further agree to hold harmless the Jackson Indoor Pool, its officers, directors, members, agents and employees from any and all claims, actions, or demands arising out of or which occur by reason of the participation of said minor.

X \_\_\_\_\_  
Signature of Parent/Guardian DATE