

Private Lesson Request for 2024 Season

For Office Use Only

Guard Name: _____
Lesson Dates: _____
Lesson Times: _____
Payment: _____

Lesson Information

Name of Child: _____ Age: _____

Please describe your child's swimming experience below. Please include information about any previous lessons.

Contact Information

Name of Parent: _____ Address: _____
Contact Number: _____ Best calling time: _____

Scheduling Information

(Please plan on five 30-minute lessons)

Please list all dates and times available:

Guard Request (please leave blank if you have no preference):

Please pay the guard at the time of your lessons. Thanks!

\$ 60.00 for 1 child

\$110.00 for 2 children

\$160.00 for 3 children

Permission:

Please read and sign this form granting permission for your child to participate in swimming lessons at Roland Pool.

_____ has my permission to participate in swimming lessons held by the Roland Municipal Swimming Pool. I hereby, for myself, my heirs, executors, and administrators, waive any and all rights and claims to damages I may have against the City of Roland, their subcommittees, agents, representatives, and assigns, whether employed or volunteer, for any and all injuries or damages suffered by me or my child at said recreation program. I release the right for the Roland Municipal Pool staff to seek medical attention for my child in the event of an emergency.

Parent/guardian signature: _____ Date: _____