



Coeur d' Alene Recreation Department Youth Swimming Lessons

Mon. ____ Wed. ____ Sat. ____

Class Time _____

6 Sessions - Starting the week of March May 11th (no classes May 23rd or 25th)

Parent/Tot: Saturday 9am (must be a minimum of 4 students for class to be held)

Class Level: (Ages 3-5) Journey 1 Journey 2 Preschool Advanced

Class Level: (Ages 6-9) Level 1 Level 2 Level 3 Level 4/5

Participants Name _____

Age _____ Date of Birth _____ Best Phone # _____

Address _____ City _____ Zip _____

Email _____

REFUND POLICY - If you withdraw prior to the first class you can apply the tuition for a full credit towards any future activity. If you withdraw after the first class no refund or credit will be given. Initials _____

I, the undersigned, agree that the registrant and I will abide by the rules of the Cd'A Recreation Dept., its affiliated organizations and sponsors. Recognizing the possibility of injury associated with this activity, I hereby release, discharge and/or indemnify the Cd'A Recreation Dept., its affiliated organizations and sponsors, employees and associated personnel, against any claim by or on behalf of the registrant as a result of participation in this activity.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent or legal guardian, I give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent Signature: _____

Amount Paid: \$60.00

ENTRANCE WILL ONLY BE ALLOWED IN SOUTH ENTRANCE OF FACILITY

Mon ____ Wed ____ Sat ____

Class Time _____

6 Sessions - Starting the week of March May 11th (no classes May 23rd or 25th)

POOL LOCATION - MCGRANE CENTER: 2415 Kootenai Health Way

Parent/Tot

Class Level: (Ages 3-5) Journey 1 Journey 2 Preschool Advanced

Class Level: (Ages 6-9) Level 1 Level 2 Level 3 Level 4/5

Child Name: _____

*** NO FOOD OR DRINKS ALLOWED IN FACILITY ***