

Cascade Municipal Swimming Pool

2025 Private Lesson Registration

Child 1

Name Age Birth Date

Five 30 Minute Lessons @\$100 ☐ Five 15 Minute Lessons @70 ☐

Child 2

Name Age Birth Date

Five 30 Minute Lessons @\$100 ☐ Five 15 Minute Lessons @70 ☐

Child 3

Name Age Birth Date

Five 30 Minute Lessons @\$100 ☐ Five 15 Minute Lessons @70 ☐

Name(s) of Parent/Guardian _____

Address _____ Email _____

Phone #1 _____ Phone #2 _____

Preferred Instructor: _____ (this is NOT guaranteed)

I hereby agree to permit my child to participate in private swimming lessons at the Cascade Municipal Pool. I understand that the City of Cascade and its employees will not be held responsible for any accidents/incidents that may occur.

Signature of Parent/Guardian _____ Date _____

TO BE COMPLETED BY CITY/POOL STAFF:

Date Paid: _____ Amount Paid: _____ Payment Type: _____

Date of Lessons _____ Time of Lessons _____

Name of Instructor _____