

CASCADE SWIMMING POOL PUBLIC SWIMMING LESSON REGISTRATION 2024 SEASON

STUDENTS NAME: _____
Last First

AGE: _____ BIRTHDATE: _____

PARENT'S NAME(S): _____

ADDRESS: _____
House Number and Street City State Zip

Home Phone: _____ Email: _____

Cell Phone: _____

What is the highest level, if any, has the student completed in the Past?
 Level 1, 2, 3, 4, 5 (Circle One)

- * Cost per person is \$47.00 *
- Lesson fee must be paid in full at time of registration at City Hall or Online
- * Checks must be made out to "City of Cascade"

Lesson Times and Levels

10:30 – 11:00 am Level 1-5
Please mark the session that will be attended. Each session lasts 1 week.

**Session 1:
June 10-14**

**Session 2:
July 8-12**

The information I have provided is true and accurate. I hereby agree to permit my child to participate in public swimming lessons at the Cascade Municipal Swimming Pool.

Signature of Parent: _____ Date: _____

To be completed by City/Pool Staff:

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

Name of Instructor: _____ Level Passed: _____