CASCADE SWIMMING POOL
PUBLIC SWIMMING LESSON REGISTRATION
2025 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 $50.00**
*** 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"**

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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 9-13

☐ **Session 2:**
July 7-11

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:_____