

**SWIM LESSONS 2010**  
**Lessons are \$35 per session**

**SESSION 1** (Students will receive eight 50 minute sessions)

Day Lessons

Night Lessons

	9:30 am	10:30 am	6:30 pm	7:30 pm
Tadpole				
Guppy				
Paddler				
Swimmer				
Minnow				

- *Day Lessons:* June 7th thru June 18th. Classes will meet Monday thru Thursday of each week.
- *Night Lessons:* June 7th thru June 23rd. Classes meet Monday, Wednesday, and Friday night.

**SESSION 2** (Students will receive eight 50 minute sessions)

Day Lessons

Night Lessons

	9:30 am	10:30 am	6:30 pm	7:30 pm
Tadpole				
Guppy				
Paddler				
Swimmer				
Minnow				

- *Day Lessons:* July 5th thru July 16th. Classes will meet Monday thru Thursday of each week.
- *Night Lessons:* July 5th thru July 21st. Classes meet Monday, Wednesday, and Friday night.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent's Name \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**Consent for Medical Treatment**

As the parent or legal guardian of the above named person, I hereby give consent for the emergency medical care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

\_\_\_\_\_  
 Signature Date

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the Siloam Springs Parks & Recreation rules, affiliates, agents, servants, officers, and employees. I hereby release the City of Siloam Springs and/or the Parks & Recreation Department or any of its affiliates, agents, servants, officers, and employees from any and all damages, claims, injuries or actions sustained or suffered by my child in connection with his/her participation in this program in any manner whatsoever.

\_\_\_\_\_  
 Signature Date

**OFFICE USE ONLY**

Amount: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Receipt #: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_