

Private Swimming Lesson Registration 2024

Doctor: Phone #: I hereby give permission to transport my child by ambulance when urgent medical care is deemed necessary by the Plymouth Community Pool Staff. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. In the event I cannot be contacted, the ER staff may do any lifesaving measures deemed necessary. Additional parent comments: Signature: Date: Private Lessons are for one week (Monday-Friday) for 45 minutes a day. The price is \$75/week for those living inside city limits and \$85/week for those living outside city limits. You may chany week beginning on June 10th through July 29th until slots are full. Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	Child's Fir	rst Name:	J	Last Name:	
Do you pay a City water bill?	Age:	Birth date:	Phone	e:	
Do you pay a City water bill?	Address:_				
Emergency contact: Name Phone #: Relationship: Any Additional Information: Medical Information & Release					
Name Phone #: Relationship: Any Additional Information: Medical Information & Release	Parent's N	ame:			
Medical Information & Release Any Health Conditions: Allergies: Doctor: Phone #: I hereby give permission to transport my child by ambulance when urgent medical care is deemed necessary by the Plymouth Community Pool Staff. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. In the event I cannot be contacted, the ER staff may do any lifesaving measures deemed necessary. Additional parent comments: Date: Date: Private Lessons are for one week (Monday-Friday) for 45 minutes a day. The price is \$75/wee for those living inside city limits and \$85/week for those living outside city limits. You may chany week beginning on June 10th through July 29th until slots are full. Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	Emergency	y contact:			
Medical Information & Release Any Health Conditions: Allergies: Doctor: Phone #: I hereby give permission to transport my child by ambulance when urgent medical care is deemed necessary by the Plymouth Community Pool Staff. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. In the event I cannot be contacted, the ER staff may do any lifesaving measures deemed necessary. Additional parent comments: Date: Private Lessons are for one week (Monday-Friday) for 45 minutes a day. The price is \$75/weef for those living inside city limits and \$85/week for those living outside city limits. You may chany week beginning on June 10th through July 29th until slots are full. Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	Name		Phone #:	Relationship:	
Any Health Conditions: Allergies: Doctor: Phone #: I hereby give permission to transport my child by ambulance when urgent medical care is deemed necessary by the Plymouth Community Pool Staff. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. In the event I cannot be contacted, the ER staff may do any lifesaving measures deemed necessary. Additional parent comments: Signature: Date: Private Lessons are for one week (Monday-Friday) for 45 minutes a day. The price is \$75/week for those living inside city limits and \$85/week for those living outside city limits. You may cheany week beginning on June 10th through July 29th until slots are full. Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	Any Addit	ional Information:			
Allergies:			Medical Infor	rmation & Release	
I hereby give permission to transport my child by ambulance when urgent medical care is deemed necessary by the Plymouth Community Pool Staff. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. In the event I cannot be contacted, the ER staff may do any lifesaving measures deemed necessary. Additional parent comments: Date:	Any Healt	h Conditions:			
I hereby give permission to transport my child by ambulance when urgent medical care is deemed necessary by the Plymouth Community Pool Staff. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. In the event I cannot be contacted, the ER staff may do any lifesaving measures deemed necessary. Additional parent comments: Date: Date: Private Lessons are for one week (Monday-Friday) for 45 minutes a day. The price is \$75/week for those living inside city limits and \$85/week for those living outside city limits. You may chany week beginning on June 10th through July 29th until slots are full. Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	Allergies:_				
Plymouth Community Pool Staff. I understand that the family is responsible for the cost of this transfer. I hereby give permission for the hospital emergency room staff to render any and all EMERGENCY care before a parent/guardian arrives. In the event I cannot be contacted, the ER staff may do any lifesaving measures deemed necessary. Additional parent comments: Date: Date: Private Lessons are for one week (Monday-Friday) for 45 minutes a day. The price is \$75/weefor those living inside city limits and \$85/week for those living outside city limits. You may chany week beginning on June 10 th through July 29 th until slots are full. Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	Doctor:		Phone #:		
Private Lessons are for one week (Monday-Friday) for 45 minutes a day. The price is \$75/week for those living inside city limits and \$85/week for those living outside city limits. You may chany week beginning on June 10 th through July 29 th until slots are full. Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	arrives. In t	he event I cannot be o	contacted, the ER staff	f may do any lifesaving measures deeme	
for those living inside city limits and \$85/week for those living outside city limits. You may chany week beginning on June 10 th through July 29 th until slots are full. Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	Signature: _		Da	ate:	
Please indicate week requested for Private Lessons: Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	for those l	iving inside city li	mits and \$85/week	for those living outside city limits	
Time requested (please circle): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/1 & 7/8). 7:00 p.m.	•	9	9		
Thy additional requests information.	-			s plane (1101 works of 11100 110).	, p.m.
	ing additi	onar requests/ infor	iiwioii.		