

CASCADE SWIMMING POOL
PUBLIC SWIMMING LESSON REGISTRATION
2018 SEASON

STUDENTS NAME: _____
Last First

AGE: _____ BIRTHDATE: _____

PARENT'S NAME(S): _____

ADDRESS: _____
House Number and Street City State Zip

Home Phone: _____ Email: _____

Cell Phone: _____

*** Cost per person is \$30.00 * Lesson fee must be paid in full at time of registration
* 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 4 - 8**

**Session 2:
July 9 – 13**

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: _____

