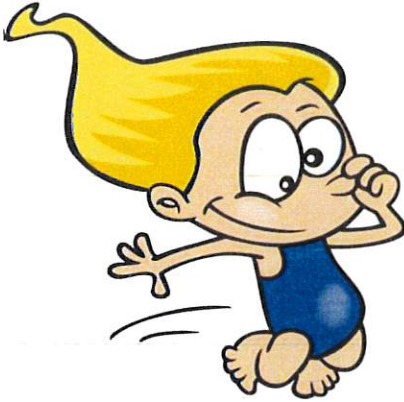


# Jerseyville Parks & Recreation Department

401 Mound Street ♦ Jerseyville, IL 62052

618.498.2222 ♦ [www.jerseyville-il.us](http://www.jerseyville-il.us)

## PRIVATE SWIM LESSONS



### Fees:

\$65 for 1 Swimmer for (3) 30-minute lessons

\$115 for 1 Swimmer for (6) 30-minute lessons

\$90 for 2 Swimmers for (3) 30-minute lessons

\$165 for 2 Swimmers for (6) 30-minute lessons

**Private lessons will be offered June 6 – August 5. The assigned swim lesson coordinator will contact participant(s) to confirm dates and times for lessons.** If two individuals are participating in the lesson, they must have similar swimming ability; but do not have to be siblings or related.

Lessons are open to both children and adults.

All lessons held outdoors at Donor Pool, located at 300 June Street.



\*\*\*\*\*RETURN THIS FORM WITH PAYMENT TO: JPRD/ 401 Mound Street/ Jerseyville, IL 62052 \*\*\*\*\*

Fee enclosed: \$ \_\_\_\_\_ Method of Payment:  Check # \_\_\_\_\_  Cash

Session:  1 + 3 lessons  1 + 6 lessons  2 + 3 lessons  2 + 6 lessons

First Day/Time Choice: \_\_\_\_\_ Second Day/Time Choice: \_\_\_\_\_

1<sup>st</sup> Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender:  M  F

Primary Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (ONLY used for program purposes) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2<sup>nd</sup> Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender:  M  F

Primary Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (ONLY used for program purposes) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe any special accommodations this participant(s) may need \_\_\_\_\_

**Participant Release Statement:** I hereby, for the participant and myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Jerseyville its successors and assigns, its employees, agents, officers and directors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I further understand the risks and dangerous situations attendant to the activity for which my child is entering. I understand medical coverage is my responsibility. **PHOTO PERMISSION:** I grant permission for pictures to be used in the City of Jerseyville publicity materials. **ACTIVITY DISCLAIMER:** I understand that the City of Jerseyville reserves the right to cancel, combine or divide classes. In addition, there may be a need to change dates, times, locations, instructors, fees or program outline revisions of any activity offerings.

Guardian's Signature(s) \_\_\_\_\_ Date(s) \_\_\_\_\_

**Jerseyville Parks & Recreation Department ♦ Private Swim Lessons ♦ Summer 2022**

For JPRD use only  
Registration Taken By \_\_\_\_\_ Date \_\_\_\_\_ Fee Paid \_\_\_\_\_ Entered By \_\_\_\_\_ Date \_\_\_\_\_