

Barre City Municipal Pool
SWIM LESSON REGISTRATION
Swim Lessons Age 3 & up

Participant Information

Student Name: _____ Age: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

Guardian/Parent Name: _____ Relationship to participant: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Contact Numbers: (Home) _____ (Cell) _____ (Work) _____

Contact Email Address: _____

Current Swimmer's Ability (Circle): Beginner Intermediate Advanced

Level	Focus	Outcome
Beginner	Safety + basics	Water confidence
Intermediate	Skills + technique	Independent swimming
Advanced	Endurance + mastery	Strong, efficient swimmer

Does the swimmer have any medical conditions that the lifeguards or staff should be aware of during lessons? (Diabetes, asthma, seizures, etc.) **Circle: Yes or No If yes, explain:**

Does the swimmer have any past trauma experience with water that the instructor should be aware of prior to class?
Circle: Yes or No If yes, explain:

Barre City Municipal Pool

Check available times and preferred week for lessons (You will be contacted to coordinate lessons.):

8:30am – 9:00am _____ 9:30am -10:00am _____ 10:00-10:30 _____

11:00am-11:30am _____ 11:30-12:00pm _____

Lessons will be a half hour, 1 on 1 lesson with an instructor for one week, Monday – Friday in the pool. It is recommended that safety eye wear be brought for use during these lessons.

_____ Week 1: July 6th -10th, 2026

_____ Week 2: July 20th – 24th, 2026

☐ 25\$ per swimmer for one week of 5 half hour lessons

There will be no refunds for missed lessons, no shows, or if the participant refuses to participate once the lesson has begun.

Permission:

Indemnity clause (to be signed by participant or parent/ Guardian - Above 21 years of age)

The instructor has the right to cancel lessons in the event of bad weather conditions or other dangerous causes.

I, _____ grant permission for my child/ward, _____ to participate
in swimming lessons put on by the Barre City Municipal Pool.

Parent/Guardian Signature: _____ Date: _____