

**2024 Lake Holcombe Swimming Lessons  
Held at the Wayside Beach**

**A completed registration form and insurance form (on the back) is required for each participant.**

Lessons are \$15 per child. The Towns of Lake Holcombe, Ruby, Birch Creek, and Willard pay for lessons for their residents.

*Lessons are two-weeks in length and will be held in the mornings starting at 10 am on Monday July 15-18 and Monday July 22-25. Please arrive 10 minutes early as a courtesy to your child's instructor and the rest of the class. **NO DROP OFFS ALLOWED**; each child needs to have an adult present during their entire lesson. This is for safety reasons.*

Call Tracey Larson with any questions at 715-773-0172.

Child's Name: \_\_\_\_\_ Lesson Time: \_\_\_\_\_

***Tear Here-----& keep above for reminder!***

**Town of Lake Holcombe  
2024 Swim Lesson Registration**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Township: \_\_\_\_\_

Need to Pay circle Yes or No

Parent(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please check level selection below. If they have not had lessons before, please talk to the instructor about experience/comfort level:**

Level 1 \_\_\_\_\_ (4 years of age or older)

Level 2 \_\_\_\_\_    Level 3 \_\_\_\_\_    Level 4 \_\_\_\_\_

Level 5 \_\_\_\_\_    Level 6 \_\_\_\_\_

**Complete both sides of form!!!!**  
**Please make checks payable to: Town of Lake Holcombe**

**Over >>>>>**

**2024 Lake Holcombe Swim Lessons  
Participant Insurance Information & Representation of Physical Condition**

I understand and acknowledge that no medical insurance benefits will be provided to the participant during the activities. I CERTIFY that the participant has sufficient health, accident, and personal liability insurance to cover any bodily injury, property damage, or disablement which may incur and to cover bodily injury or property damage caused by a third party as a result of the participants participation in the activities. If the participant has no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability. I further acknowledge that the participant is in good physical and mental health and not suffering from any condition, disease, or disablement which would or could potentially affect participation in the activities.

**Consent for Medical Treatment**

I HEREBY give my consent for emergency medical care provided by a doctor of medicine, doctor of dentistry, or other medical or urgent care personnel. This care may be given under whatever conditions are considered necessary to preserve life, limb, or well-being of participant.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT,  
UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.

PARTICIPANT NAME: \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_ PHONE #: \_\_\_\_\_