

**2025 Lake Holcombe Swimming Lessons
Held at the Wayside Beach**

A completed registration form and medical consent 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 Monday through Thursday starting at 10 am on Monday July 14-17 and Monday July 21-24. 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
2025 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: Call Joscelyn for questions on swim levels. 715-933-2799.

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 >>>>>

2025 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 #: _____