

2026 Lake Holcombe Swimming Lessons Held at Wayside Beach in Holcombe

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

Cost: \$15 per child *The Towns of Lake Holcombe, Ruby, Birch Creek, and Willard cover the cost for their residents.*

Lesson Schedule: Lessons run for **two weeks**, Monday–Thursday, beginning at **10:00 AM** on:

- July 13–16
- July 20–23



Please **arrive 10 minutes early** as a courtesy to instructors and other participants.

NO DROP-OFFS ALLOWED. An adult must remain present for the entire lesson for safety reasons.

Questions? Call **Jennifer Wright** at **608-498-3342**

Child's Name: _____

Lesson Time: _____

 Tear Here & Keep the Above Portion as Your Reminder 

Town of Lake Holcombe
2026 Swim Lesson Registration

Child's Name: _____ Birth Date: _____

Address: _____ Township: _____

Need to Pay? (Circle one) Yes / No

Parent(s): _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Swim Level Selection

If your child has not taken lessons before, please speak with the instructor about experience and comfort level. Questions about levels? Call Joscelyn at 715-933-2799.

- Level 1 _____ (4 years of age or older) 11:30-12pm and 12-12:30pm
- Level 2 _____ 10:45-11:30am and 12-12:30 pm
- Level 3 _____ 10:45-11:30am
- Level 4 _____ 10:00-10:45am
- Level 5 _____ 10:00-10:45am
- Level 6 _____ 10:00-10:45am

Complete both sides of this form. Make checks payable to: *Town of Lake Holcombe*
Mail to PO Box 280, Holcombe, WI 54745 Attn 2026 Swimming Lessons

Participant Insurance Information & Representation of Physical Condition

I understand and acknowledge that no medical insurance benefits will be provided to the participant during these activities. I certify that the participant has sufficient health, accident, and personal liability insurance to cover any bodily injury, property damage, or disablement that may occur, as well as any injury or damage caused by the participant to a third party. If the participant does not have such insurance, I certify that I am capable of personally paying for any and all such expenses or liabilities.

I further acknowledge that the participant is in good physical and mental health and is not suffering from any condition or disability that would affect participation in these activities.

Consent for Medical Treatment

I hereby give my consent for emergency medical care to be provided by a Doctor of Medicine, Doctor of Dentistry, or other qualified medical or urgent care personnel. This care may be given under whatever conditions are deemed necessary to preserve the life, limb, or well-being of the participant.

My signature below indicates that I have read this entire document, understood it completely, and agree to be bound by its terms.

Participant Name: _____

Signature of Parent or Legal Guardian: _____

Date Signed: _____

Phone #: _____