



2024 SWIM LESSONS AT THE WAYSIDE IN HOLCOMBE



**REGISTRATION DATE: JUNE 14rd FROM 4:30-6 PM
AT THE TOWN HALL @ 26179 275TH STREET**

SUMMER'S HERE! Lessons are two weeks long and will be Monday through Thursday July 15-18 and July 22-25. Lessons are held at the Lake Holcombe Wayside. Class times vary depending on the level the child is in. The first class starts at 10:00 AM.

Lessons for residents of the Town of Lake Holcombe, Ruby, Birch Creek, and Willard are paid for by each town. If you are not a resident of these towns, the cost is \$15 per child. Payment is due at registration and check can be made payable to Town of Lake Holcombe. Call 715-773-0172 with any questions.

Please note child must be at least 4 years of age to participate and every child will need to have an adult present during lessons. For safety reasons class sizes are limited to 10 kids so registration will be on a first come first serve basis. Registration forms can be found on the Lake Holcombe School website – Summer Programs or the Lake Holcombe Town website under the Government tab. If you are not able to make it to registration, please have someone bring in your signed form(s) on the day of registration or mail to:

**Town of Lake Holcombe
Swimming Lessons
PO BOX 280
Holcombe, WI 54745**

No drop offs ... Parent/Guardian must accompany child(ren) to lessons and stay for the duration of the lesson. We do understand that you might have multiple lesson times with multiple children, but we ask that you keep your children by you while waiting. Children will not be allowed in the water or sand area unless they are in a lesson. The instructors have a lot going on during a lesson and extra children playing in the water is distracting to the children trying to learn.

Thank you,
Tracey Larson
Lake Holcombe Clerk

**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 #: _____