

Seward Dowding Pool Swimming Lessons Registration Form 2024

Session 1: June 10-14	Session 2: June 24- 28	Session 3: July 8-12	Session 4: July 22-26
9-10am: Level 4 & 5/6	9-10am: Level 4 & 5/6	9-10am: Level 4 & 5/6	9-10am: Level 4 & 5/6
9:45-10:30am: Level 3	9:45-10:30am: Level 3	9:45-10:30am: Level 3	9:45-10:30am: Level 3
10:45-11:30am: Level 1 & 2	10:45-11:30am: Level 1 & 2	10:45-11:30am: Level 1 & 2	10:45-11:30am: Level 1 & 2
5:15-6pm: Level 1, 2, & 3	5:15-6:15pm: Level 3, 4, & 5/6	5:15-6pm: Level 1, 2, & 3	5:15-6:15pm: Level 3, 4, & 5/6
	*Parent/Child		*Parent/Child

Check additional sheet for Parent/Child Lesson information

There will be a limit on the number of children allowed per session

Class Fee: \$40

Payment Methods

- Drop checks off at the Pool or the Municipal Building. Make checks payable to the City of Seward
- Mail checks to PO Box 36 Seward or use drop box located at 142 N. 7th St.

In the event of questionable weather please call (402)-643-4674 before making the trip to the pool. Lessons that are canceled will not be made up unless they exceed two.

-----Fill Out Completely and Print Clearly-----

Parent /Guardian Name(s): _____

Phone Number(s): _____

Email: _____

Medical Information: Do the participants have any medical conditions the instructor should be made aware of?

Circle one: Yes No If yes, please explain: _____

Child must be at least 4 years old to take swim lessons

Participant Name & Age	Session Requested	Level Requested
	1 2 3 4 am pm	1 2 3 4 5/6
	1 2 3 4 am pm	1 2 3 4 5/6
	1 2 3 4 am pm	1 2 3 4 5/6
	1 2 3 4 am pm	1 2 3 4 5/6

Private Swim Lessons 2024

Private lessons are one-on-one swimming lessons that follow a flexible schedule. You work with the instructor to figure out what days and times work for you. Private lessons include five 30 min lessons.

Cost: \$80 per child

*Please note \$20 will be made out to the City of Seward and \$60 to the Instructor

*Payment must be paid the first day of lessons in either cash or check

-----Please print clearly-----

Parent Name _____

Child Name _____

Email _____ Phone _____ / _____

Potential Times _____

Previous Level Passed _____

Requested Instructor _____

Current Medical Conditions _____

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Child Name _____

Email _____ Phone _____ / _____

Potential Times _____

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