

2017 DYERSVILLE FAMILY AQUATIC CENTER PRIVATE SWIMMING LESSONS

REGISTRATION IS LIMITED TO THE FIRST 200 REGISTRATIONS

** One registration form per family, make copies as needed **



PLEASE PRINT

Name (last): _____ (first): _____ Male Female Birthdate: _____ Last Level Passed: _____

Name (last): _____ (first): _____ Male Female Birthdate: _____ Last Level Passed: _____

Name (last): _____ (first): _____ Male Female Birthdate: _____ Last Level Passed: _____

Name (last): _____ (first): _____ Male Female Birthdate: _____ Last Level Passed: _____

Parent's Name (last): _____ (first): _____

Address: _____

City, State, Zip: _____

Home #: _____ Cell #: _____

E-mail Address: _____



*See Park & Rec Brochure
page 4 - if unsure
leave blank, all past
swim students are on
file to ensure proper
placement.*

\$70 Resident

\$80 Non-Resident

A resident is defined as a person/family that has a residential street address or is a property owner in the City.
Swimming Lesson Fees are Non-Refundable

PRIVATE LESSONS ARE ONLY FOR LEVELS PRESCHOOL-5

To insure your spot, register online or in person at City Hall. Lessons include 5 sessions for a length of 50 minutes each time.

Week of: _____ () number of lessons available for that time slot

June 5th		9:00am (6)	10:00am (6)	11:00am (6)	12:00pm (6)	5:30pm (6)
June 12th	8:00am (6)				12:00pm (6)	5:30pm (6)
June 19th	8:00am (6)				12:00pm (6)	5:30pm (6)
June 26th	8:00am (6)				12:00pm (6)	5:30pm (6)
July 10th					12:00pm (8)	
July 17th	8:00am (6)	9:00am (6)	10:00am (6)	11:00am (6)	12:00pm (6)	5:30pm (6)
July 24th	8:00am (6)	9:00am (6)	10:00am (6)	11:00am (6)	12:00pm (6)	5:30pm (6)
July 31st	8:00am (6)	9:00am (6)	10:00am (6)	11:00am (6)	12:00pm (6)	5:30pm (6)

1st Choice

2nd Choice

3rd Choice

Date/time

Date/time

Date/time

... CAR POOLING IS NOT AVAILABLE WITH PRIVATE LESSONS. ...

I hereby agree to permit my child to participate in the Learn to Swim Program & understand that the City of Dyersville Family Aquatic Center & its employees will not be held responsible for any accidents.

Signature of Parent or Legal Guardian: _____ Date: ____ / ____ / '17

**• Please make checks payable to City of Dyersville •
340 1st Ave. East • Dyersville, IA 52040**

City of
Dyersville