

Ovid-Elsie Community Education 2023 Summer Pool Schedule

Swim Lesson Fee

| TIME | June 5, 6, 7, 8, June 12, 13,14, 15 | Number of Children | O-E Residents | Other Districts |
|---|--|---|---------------|-----------------|
| 9:00 a.m. – 9:55 a.m. | All Levels | 1 | \$83 | \$88 |
| 10:00 a.m. – 10:55 a.m. | All Levels | 2 | \$138 | \$153 |
| 11:00 a.m. – 11:55 a.m. | Laingsburg Only | 3 | \$188 | \$203 |
| 12:00 p.m. – 12:55 p.m. | Water Babies | 4 | \$265 | \$280 |
| 1:00 p.m. – 1:55 p.m. | All Levels | <u>SPACES ARE LIMITED</u> <i>Please call to pre- register:</i> 989/834-2271, ext. 1560 Please make checks payable to: Ovid-Elsie Community Services Karl Dahlke, Pool Director Carla Perrien, Admin. Assistant | | |
| 2:00 p.m. – 2:55 p.m. (only if needed) | All Levels | | | |
| 6:00 p.m. – 6:55 p.m. | All Levels | | | |
| 7:00 p.m. – 7:55 p.m. | All Levels | | | |

SWIM LESSON CONSENT FORM

MUST CALL 989.834.2271 EXT. 1560 TO REGISTER PRIOR TO ATTENDING ANY CLASS

****Bring this half of the form with you the first day of classes as we must have this in order for your child to participate.**

Child's Name _____

Address _____

Parent's Name (print please) _____

Home/Cell Phone Number _____

I hereby authorize the pool director of the O-E Swim Program to act for me according to his/her best judgment in any emergency requiring medical attention and I hereby release, exonerate, and discharge the school and its employees from any and all actions or cause of actions known or unknown for any injuries incurred while at swim or on the way to and from swim lessons.

Signature _____ **Date** _____
 (Parent or Legal Guardian)

Additional contact, in case you are unavailable:

Name: _____ **Phone:** _____

Amount Paid: