

## 2024 APPLICATION FOR SWIMMING LESSONS

Pleasant Township Pool  
812 S. Sunset Dr., Kouts, IN 46347  
219-766-3216- Office 219 766 2800- Pool (In season)

NAME OF STUDENT: \_\_\_\_\_ Age/Birthdate: \_\_\_\_\_ (must be potty trained)

ADDRESS: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### **SWIMMING EXPERIENCE: Please put an X in front of all that apply.**

- My child has never been around water. (Swimming pool, lake, beach)  
 My child has been in a pool, but always with an adult holding him/her  
 My child feels comfortable in the water, without being held by an adult  
 My child has had swim lessons in the past. (level) \_\_\_\_\_

Is there anything we need to know about your child: \_\_\_\_\_

Class size will be kept at a minimum.

The lesson dates will be from **July 1<sup>st</sup> – July 19<sup>th</sup>**.

The lessons will take place on: **Monday, Wednesday, and Friday mornings.**

Please check the preferred time for lessons:  9am  9:45pm  10:30am

\*(We will try to honor your request, but as classes fill up, it will be on a first come, first serve)

8 lessons (July 19<sup>th</sup> Family Party)

First child is full price \$70.00 and additional siblings are \$60.00

I hereby give permission for my child to participate in swim lessons at the Pleasant Township Pool in Porter County. I understand that the PTP and its property are not responsible for personal injury or loss of property. I hereby release the Pleasant Township Pool of Porter County, its Directors, Officers, and Employees from any and all liability for such injury or loss whether arising out of the negligence of the pool or occurring on pool property.

There will be no refunds for swim lessons unless the student cannot attend due to injury. A doctor's note is required and the lessons will be credited to further classes either this year or the following.

Furthermore, I give my permission for my child to receive any necessary medical care in case of emergency. Please list any allergies, illness, or physical limitations: \_\_\_\_\_

SIGNED: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

(Parent or guardian)

DATE: \_\_\_\_\_

CHECKS CAN BE MADE PAYABLE TO **PLEASANT TOWNSHIP TRUSTEE**

SEND TO: **PO BOX 548 Kouts, IN 46347** or Drop off in drop box on building:

**Physical Address: 205 S. Maple Street, Kouts**



**\*It will be on a first come, first serve according to when your payment is received in our office. (you may send a check, or come to the office and drop off payment. CLASSES FILL UP QUICKLY! We will confirm your child's placement by June 10<sup>th</sup>.**