



2026 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 as of June 1st _____ (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 at the pool. (Circle One) Goldfish Starfish Dolphins Seals

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 6-9 and July 13-17**

The lessons will take place on: **Monday, Tuesday, Wednesday, and Thursday 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 and dependent on the age of class participants.)

8 lessons (July 17th Family Party) 10-11 am

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

(You may send a check, or come to the office and drop off payment). CLASSES FILL UP QUICKLY! We will call and confirm your child's placement by June 12th.