



City of
Lamberton
COMMUNITY POOL

PARTICIPANT INFORMATION

Name: _____ Birthdate: _____ Sex: M F
Address: _____ Phone: _____
City, State, Zip: _____ Email: _____
Last Swimming Lesson Level Passed: _____

MEDICAL INFORMATION

Does the Participant have any medical condition we should be aware of? Yes No
If Yes please describe: _____

EMERGENCY CONTACT INFORMATION

Primary: _____ Phone: _____
Secondary: _____ Phone: _____

POOL INFORMATION

Mindi Hesse – Swimming Pool Manager
Phone: (507) 828-9276

Lamberton Community Pool
Phone: (507) 752-7099 (Pool Hours Only)

Notice of Cancellations or Hour Changes

KLGR Radio
97.7 FM, 1490 AM

Lamberton Pool Facebook Page
facebook.com/groups/lambertonpool

SWIMMING LESSON INFORMATION

Group Learn-to-Swim Lessons (Levels 1-6): Ages 5+, 45 min/lesson for two weeks \$40.00 each
Parent & Toddler Lessons: 45 min/lesson for one week, August 17th – 21st, 7:00 PM \$25.00 each
Private Learn-to-Swim Lessons: Not Offered this Season

	July 20th - 31st						August 3rd - 14th					
	Lvl 1	Lvl 2	Lvl 3	Lvl 4	Lvl 5	Lvl 6	Lvl 1	Lvl 2	Lvl 3	Lvl 4	Lvl 5	Lvl 6
10:00 AM												
11:00 AM												
6:00 PM												
7:00 PM												

**** Levels 1 & 2 MUST have a parent/guardian assist them in the water during swimming lessons ****

REGISTRATION INFORMATION

Due to COVID-19 restrictions swimming lessons will have limited class sizes so lesson registrations this year will be in-person on a first-come-first-served basis. Acceptable payment forms will be Cash, Check & Credit Card.

2020 IN-PERSON REGISTRATION

WEDNESDAY

July 8

6:00 PM – 9:00 PM
Lamberton City Hall

THURSDAY

July 9

6:00 PM – 9:00 PM
Lamberton City Hall

Release of Liability and Medical Treatment Consent

In consideration of the City of Lamberton providing sponsorship and/or providing facilities for this program, I hereby release and hold harmless and agree to indemnify the City of Lamberton, their employees, agents, and representatives from any and all claims, costs, damages, and liabilities for injuries or property damage sustained or caused by me or my ward while participating in any program offered by the City of Lamberton. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with my, or my child's/ ward's, personal physician. Further, In the event of any injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, agents, or representatives the City of Lamberton, and further agree to assume all expenses for said treatment.

Parent/Guardian Signature

Registration Date

The City of Lamberton is an Equal Opportunity Provider and Employer