

City of Slater Swim Lesson Registration Summer 2026



City of Slater

info@slateriowa.org
(515) 685 - 2531
101 Story St, Slater, IA 50244

Parent/Guardian Contact Information

Name:

Address:

Phone Number: - -

Email:

Student Information

Name:

Date of Birth: / / Age (as of 1st day of lessons):

Emergency Contact Information (Other than yourself or spouse)

Name:

Phone Number: - -

Email:

Medical and/or other conditions staff should be aware of:

Medical Insurance Carrier:

Parent/Guardian Signature Authorizing Medical Treatment

.....
Signature

I/We, the parent/guardian of the above participant, give my/our permission for the participant to take part in Slater Swim Lessons at the Slater Municipal Pool. I/We understand that there is inherent risk involved with this activity and that not all injuries can be prevented. Therefore, I/we hereby waive, release, and agree not to hold the organizers, sponsors, supervisors, the City of Slater, its employees or officials, or any volunteers liable for any injuries that may occur during this activity.

.....
Signature

For Office Use Only:

Session : _____ Level: _____ Time: _____ Paid: _____ Accepted by: _____