

LEROY AND COLLEEN DARBY FAMILY AQUATIC  
MONONA FAMILY AQUATIC CENTER  
100 Bulldog Blvd • P.O. BOX 298, MONONA, IA 52159 • (563)539-4516

**2025 PRIVATE LESSONS**

Parent/Guardian Name(s): \_\_\_\_\_

Phone #(s): \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

As parent and/or guardian of swimmer listed below, I voluntarily waive claim against the City of Monona, the Monona Family Aquatic Center Board and Staff for any and all causes which may arise in connection with the swimming lessons provided. I acknowledge that my child is physically qualified to take swimming lessons.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**COST: \$70 Per Swimmer** (5 HALF HOUR SESSIONS)

**MAKE CHECKS PAYABLE TO 'CITY OF MONONA'. CHECKS WILL BE CASHED UPON RECEIVING.**

CREDIT CARD PAYMENTS CAN BE MADE AT CITY HALL (ADDITIONAL FEE WILL APPLY).

**ALL INFORMATION IS SUBJECT TO CHANGE**

Swimmer's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last Level or Years Completed: \_\_\_\_\_

Lifeguard Request: \_\_\_\_\_ OR Any Available Lifeguard: \_\_\_\_\_  
(LIFEGUARD REQUEST IS NOT GUARANTEED)

TIME (CHECK ONE): 12:00 – 1:00 \_\_\_\_\_ 5:00 – 6:00 \_\_\_\_\_ EITHER \_\_\_\_\_

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FOR EMPLOYEE USE ONLY

Date: \_\_\_\_\_ Payment Received By: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_

SWIMMER: \_\_\_\_\_ LIFEGUARD: \_\_\_\_\_

	LESSON #1	LESSON #2	LESSON #3	LESSON #4	LESSON #5
DATE					
TIME					
SKILLS TAUGHT					
PARENT SIGNATURE					

RETAKES LEVEL: \_\_\_\_\_

LEVEL COMPLETED: \_\_\_\_\_