

LEROY AND COLLEEN DARBY FAMILY AQUATIC

100 Bulldog Blvd • P.O. BOX 298 • MONONA, IA 52159 • (563)539-4516

2026 PUBLIC SWIMMING LESSONS

SIGN UP EARLY- SPACE IS LIMITED - 5 SWIMMERS PER LEVEL PER SESSION

****FOLLOWING MONDAYS ARE MAKE-UP DAYS****

LESSONS WILL BE POSTED ON FACEBOOK AND EMAILED THE WEEK BEFORE STARTING.

CANCELATIONS & CHANGES WILL BE POSTED TO FACEBOOK AND EMAILED WHEN POSSIBLE.

FORMS WILL BE ACCEPTED AT CITY HALL (104 E CENTER ST/BOX 298) NO LATER THAN 4 PM THURS BEFORE START DATE

ALL INFORMATION IS SUBJECT TO CHANGE. ANY QUESTIONS CALL CITY HALL AT 563-539-2355.

BEGINNERS LESSONS

COST: \$35 PER SWIMMER (AVAILABLE FOR 2-4 YEAR OLDS)

SESSIONS ARE ONLY ONE WEEK AT 30 MINUTES PER DAY.

MAX IS FIVE SWIMMERS PER SESSION. IF FLEXIBLE CHECK ALL THAT APPLY.

SESSION A:	JUNE 8 - 12	10:45 - 11:15	
SESSION B:	JUNE 22 - 26	10:45 - 11:15	
SESSION C:	JULY 6 -10	10:45 - 11:15	
SESSION D:	JULY 20 - 24	10:45 - 11:15	

LEVEL 1 – LEVEL 6

COST: \$45 PER SWIMMER (AVAILABLE FOR AGE 5 YRS OLD AND UP)

SESSIONS ARE ONLY ONE WEEK AT 40 MINUTES PER DAY. ALL LEVELS WILL BE AVAILABLE DURING A SESSION.

MAX IS FIVE SWIMMERS PER LEVEL. IF FLEXIBLE CHECK ALL THAT APPLY.

SESSION 1:	JUNE 8 - 12	10:00 - 10:40	
SESSION 2:	JUNE 8 - 12	11:20 - 12:00	
SESSION 3:	JUNE 22 - 26	10:00 - 10:40	
SESSION 4:	JUNE 22 - 26	11:20 - 12:00	
SESSION 5:	JULY 6 -10	10:00 - 10:40	
SESSION 6:	JULY 6 -10 (Reserved for Summer School Students First)	11:20 - 12:00	
SESSION 7:	JULY 20 - 24	10:00 - 10:40	
SESSION 8:	JULY 20 - 24	11:20 - 12:00	

Swimmer's Name: _____ **AGE:** _____ **LAST LEVEL COMPLETED:** _____

1st Contact - Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

2nd Contact - Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

As parent and/or legal guardian of Swimmer/Child listed above, I voluntarily waive claim against the City of Monona, the Leroy and Colleen Darby Family Aquatic Center Staff and Board 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 _____

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)

-----PAYMENT INFORMATION BELOW FOR EMPLOYEE USE ONLY-----

PAYMENT RECEIVED: (DATE/INITIALS) _____ CHECK #: _____ \$ _____ CASH: \$ _____ CC: _____