



# East Helena Pool

## Jr. Swim Team Registration

### Summer 2025

Paid:  
Waitlist:

Child's name: _____	Age: _____
Child's name: _____	Age: _____
Child's name: _____	Age: _____
Parent's name: _____	
email address: _____	
preferred #: _____	Back Up # _____

### Summer 2025 - \$80

<b>Practices: Tuesday and Thursday mornings</b> 9:00 - 10:00 am June 17th - Aug. 7th We <u>do</u> have it week of 4th eight weeks 16 practice sessions	<b>Participation guidelines:</b> Participants must be able to swim the length of the pool unassisted by front crawl to participate. <b>** Swim Goggles required **</b>
Children should be on time and dressed in proper swimwear classes may be cancelled due to weather, insufficient class size, or instructor availability <b>ABSOLUTELY NO REFUNDS</b>	

#### WAIVER FOR PARTICIPATION

In consideration of your accepting my child's registration, I hereby for my child, my heirs, executors and administrator, waive and release any and all rights and claims for damages I or my child may have against the City of East Helena and it's employees, representatives and successors for any and all injuries suffered by my child at the activities for which I am registering my child.

parent/guardian signature \_\_\_\_\_

date \_\_\_\_\_