



Litchfield Memorial Pool

Swim Lesson Sign Ups

We offer swim lessons for children 3+

Lessons are held in the mornings, Monday-Thursday, for 30 minutes, rain out dates on Fridays if needed. Each session is 2 weeks long.

****For the safety of all, please remember that ONLY enrolled students may be in the water at this time.****

- **Session 1: June 1-12**
- **Session 2: June 15-26**
- **Session 3: July 6-17**

Private lessons are \$85/child.

All teachers are Red Cross certified lifeguards!

Enroll Now!

2026 Advanced Registration at The Litchfield Community Center:

Wednesday **May 13th** from 4:30-6:30 p.m.

Tuesday **May 19th** from 4:30-6:30 p.m.

Pool passes and punch cards will be available for purchase: individual season passes are \$110. Family season passes for 4 people are \$275, each additional person is \$30, maximum of 8 family members on 1 pass. Punch passes for 10 swims are \$45.

Book a Pool Party: Day time parties (while pool is open) are \$175 + \$75 deposit. Private evening parties are \$275 + \$75 deposit (liability insurance required).

2026 Swim Lesson Registration Form

Student Information:

Student's First and Last Name: _____

Student's Age: _____ Student's Gender: _____

Student's
Address: _____

Parent/Guardian First and Last Name (please print): _____

Parent Phone: _____ Ok to Text? (circle one): YES NO

Emergency Contact or name of person who will be transporting child to and from lessons:

Relationship to Student: _____ Contact Phone: _____

Lesson Information:

Private Lesson (\$85/child): Session _____ Time _____

Waiver and Release Acknowledgement:

☐ I have received the Litchfield Memorial Pool Waiver and Release Information:

Parent/Guardian Signature: _____ Date: _____

Permission to Photograph:

☐ I agree that the Litchfield Park District, Litchfield Memorial Pool, any affiliated third party may use photographs of me or my minor with or without my name for any lawful purpose, such as: publicity, illustration, advertising, and web content. I acknowledge that I will not receive any financial compensation and will release the Litchfield Park District from liability for any claims by me or any third party in connection with participation.

To be filled in by Memorial Pool Manager when registering: _____

Amount paid: \$ _____ Date: ____/____/____ Manager Initials: _____