

2026 Stanley-Boyd Community Winter Swimming Lessons January 4th – February 22nd

Sunday Afternoons *7 week session (*No Lesson Feb 8th)

Child's Name (One form per child): _____ Age: _____

Parent Name: _____ Email: _____

CIRCLE THE CLASS YOU WANT:

3:30-4:00 PM	Floating Fish	Gliding Guppies	Mighty Minnows
4:05-4:35 PM	Floating Fish	Gliding Guppies	Mighty Minnows
4:45-5:15 PM	Level 1	Level 2	Level 3
	Level 4	Level 5	Level 6

***Optional Pool Pass: Lesson participants can swim anytime the pool is open January 3rd through March 1st for only an additional \$15 per child!**

Class cost:

Families with multiple siblings only pay full price for the first kid. All other kids are HALF PRICE!!!

Floating Fish	Ages 3-5	Beginner	\$40
Gliding Guppy	Ages 3-5	Will Put Face in Water	\$40
Mighty Minnow	Ages 3-5	Child Complete Skills Without Help	\$40
Levels 1-6	Ages 6 & up		\$40
Multiple Siblings			\$20
Pool Pass	Unlimited Swim	Jan 3rd- March 1st	\$15

Please read and sign the parent liability waiver on the back of this registration form.



The User(s) undertakes and agrees to indemnify and hold harmless the school, school board, school board elected and appointed officials, administrators, principals, teachers and all other school employees, SBAS volunteers or representatives, and all persons and bodies acting for or on behalf of them, against all liability, claims, demands, actions, suits, damages, proceedings, costs and expenses (including reasonable attorney fees) whatsoever (including injury to persons and damage to property) for which they may be or become liable directly or indirectly arising out of the use of School premises by the User(s) (or the servants, agents or invitees of the User(s)), and for such further sums in excess of those contained in any insurance policy procured by User(s) relating to the use of the School premises or for such amounts as may not be payable under any such insurance policy. The User(s) must give written notice to the School of any accident resulting in bodily injury or damage to property of the School or others occurring on School premises or in any way connected with the use of School premises within 24 hours of the accident. The notice must include details of time, place and circumstances of the accident and the names and addresses of any person(s) witnessing the accident.

Parent Signature_____

Phone Number_____

CHECK #_____

(You may write one check for multiple children. Checks payable to “SBCP”)

You can pay cash at the Stanley-Boyd Community Pool and Fitness Center in person

Registration forms/checks can be dropped off in the registration box in the pool lobby or mailed to:

SBCP

ATTN: Chris Krajacic

507 East First Ave

Stanley WI 54768

If you would like a confirmation that a registration form was received, please leave your contact information and check the box below.

Please confirm that my registration was received ☐

Send Confirmation to your Email or Phone Number:_____

Questions? Email: ckrajacic@s-bschools.org or call (715) 644-5715 Ext. 227