

**2026**

**Village of Cass City**

**Helen Stevens Memorial Pool**

**Swim Lessons Handbook & Registration Forms**



**OPENING DAY IS TENTATIVELY SCHEDULED FOR  
SATURDAY, MAY 23, 2026**



## Welcome to Summer 2026!

Dear Parents and Guardians,

The Helen Stevens Memorial Pool Staff would like to welcome you to our Swimming Lessons Program. We are very excited to have you, and your child/children join us for the 2026 season.

**First Day is Orientation Day!** We invite you to Meet & Greet with the Helen Stevens Memorial Pool swimming instructing staff on the pool deck of your child's first day of their lesson. You and your child will meet your child's swimming instructor as they introduce themselves to the class. Pool rules will also be addressed at this time. These instructors will be working with your child consistently throughout the entire session, so you and your child will see the same, familiar faces. In the case that your child's instructor may be absent for some reason, we will do our best to make sure that you and your child know ahead of time that another instructor will teach your child's lesson for that day.

**Class Info:** Your child will be in a class with children who have similar abilities in the water. These class groups may change in the first couple of days. We understand that it may have been a while since your child has been in the water and we are aware that certain skills may have been forgotten, or that they may be a little nervous. The minimum number of children per class will be three, with a maximum of ten (instructors may co-teach with larger class sizes).

**Locker Rooms/Facilities:** When you bring your child for their first lesson, please note where our locker room facilities are located. The locker rooms are you and your child's only entrance and exit to the pool area. Due to Health Department regulations, the pool's side entrance is to only be used for authorized personnel and those requiring an accessible entrance.

**What to Wear/Bring:** Your child needs to come with a bathing suit and a towel. If your child would like to wear a T-shirt over their suit, please make sure it is well-fitting (oversized shirts make it more difficult to move in the water). Goggles are not required but are recommended if your child uses them and are highly recommended for the upper levels. Please do not send your child with mask goggles that cover their nose as this can hinder proper breathing techniques in the water. Children should have their long hair tied back or braided. No water shoes are allowed during lessons. If you are participating in the Parent/Child swim lesson, please follow the same suit policy as your child. Your child will need to wear a swim diaper during this class.

**What You Can Do:** During the time slot of your child’s swimming lesson, all parents, relatives, etc., are required to stay outside of the fence. Past experience has shown that children will learn better and adapt faster when parents are not nearby.

**Emergency Medical Information:** An Emergency Medical Information Form is provided in this registration packet. It is extremely important that we collect and maintain these medical forms in case of an emergency. If for some reason you haven’t completed this form, please fill it out and return it to your child’s instructor on their first day of lessons. It is important that we know of any circumstances that may interfere with your child’s learning or accommodation that they need, so we can provide proper teaching staff.

**Weather Cancellation:** We will be meeting every day, Monday through Friday, during your registered dates. If we experience lightning, thunder or inclement weather, lessons may be postponed or cancelled, and there will be NO makeup lessons due to weather cancellations. You will receive a phone call from your child’s instructor or another pool staff member if your child’s lesson is cancelled. We will do our best to notify you as soon as we can, as we realize many of you are driving from out of town. With that being said, you can always call the pool phone at 989-872-2673 if you haven’t received a call or are just unsure.

**Last Day is Swimming Instruction & Free Time!** The last day of lessons are split with a portion of the time being dedicated to lesson instruction and the other allocated for some “free time” for your child and their class.

**Level Evaluation/Completion Card:** Before you and your child leave on this last day of class, your child will receive a Level Evaluation Certificate, which means they are required to repeat that level, OR a Completion Card, which means they passed that level and are ready to move on to the next. The Level Evaluation Certificate shows what skills your child has mastered, as well as which skills need more practice. If your child is absent on the last day of lessons, your Participation Certificate and Level Evaluation Certificate or Completion Card will be mailed to your home address the following Monday.

**Pool Staff:** The entire Helen Stevens Memorial Pool staff are American Red Cross certified lifeguards. Please contact your children’s instructor if you have any questions regarding the quality of your child’s lesson, or if any other problems arise. We will do our very best to provide your child/children with the highest quality of lessons and equip them with skills they can successfully use in and around the water. If you have any questions, comments, or concerns, please feel free to ask for Melanie Radabaugh, Director of Parks & Recreation, at 989-872-2911 or [mradabaugh@casscity.org](mailto:mradabaugh@casscity.org). If you have any suggestions to improve the program, we encourage your feedback.

If you would like to register for any of the other Swimming Lessons sessions, the Parent/Child Program or private lessons, please see those forms also attached in this handbook, or stop by the Village office, Monday through Friday, 9am-12pm or 1pm-4pm. Additional registrations forms can also be found on our website, [www.casscity.org](http://www.casscity.org).

Thank you for choosing our program and for allowing your child/children the opportunity to learn how to swim. We encourage you and your family to join us during open swim hours this summer, which can also be found on our website. Updates, weather announcements, etc., can also be found on our Facebook page, Cass City Parks and Recreation and/or the Village of Cass City.

We are looking forward to having a fun and safe Swimming Lessons season with you and your family. Happy Swimming!

Melanie Radabaugh & Staff  
Cass City Parks & Recreation

## 2026 HELEN STEVENS MEMORIAL POOL SWIM LESSONS SCHEDULE

### How To Register

1. Choose your session date from below.
2. Choose between Morning or Evening lesson.
3. Choose your time.
4. Choose your child's level.
5. Complete the Registration & Emergency Medical Forms.
6. Submit forms and payment to the Village of Cass City office, 6506 Main St., Cass City, MI 48726.

### Session Dates

Session 1: June 8-12  
 Session 2 : June 15-19  
 Session 3: June 22-26  
 Session 4: July 6-10  
 Session 5: July 13-17  
 Session 6: July 20-24

**Parent/Child Swim Class:** This class is for parents to accompany their child (infant-2 years old) in the water. It will run every session, 10:00-10:30am and 5:00-5:30pm. You choose either the morning or evening slot.

Cost: \$45 for Village residents, \$50 for non-Village residents

Registration: A separate form is available in this Handbook.

### Lesson Times

#### Levels 1 & 2

Mornings: 9:00-9:45	Evenings: 5:00-5:45
10:00-10:45	6:00-6:45
11:00-11:45	

#### Levels 3, 4, 5 & 6

Mornings: 9:00-10:00	Evenings: 5:00-6:00
10:00-11:00	6:00-7:00
11:00-12:00	

Number of Children	One-Week Session	
	Village Resident	Non-Village Resident
1 Child	\$70.00	\$75.00
2 Children	\$140.00	\$150.00
3 Children	\$210.00	\$225.00
4 Children	\$280.00	\$300.00

Level 1	Introduction to Water Skills
Level 2	Fundamental Aquatic Skills
Level 3	Stroke Development
Level 4	Stroke Improvement
Level 5	Stroke Refinement
Level 6	Personal Water Safety

## 2026 HELEN STEVENS MEMORIAL POOL SWIM LESSON REGISTRATION FORM

Parent/Guardian Name			Cell		Email			Date
Address					City			Zip
Emergency Contact if Parent is Unavailable			Relation to Child		Cell			
Child's Name	Age	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Cost
		June 8-12	June 15-19	June 22-26	July 6-10	July 13-17	July 20-24	
		Level Time	Level Time	Level Time	Level Time	Level Time	Level Time	
		Level Time	Level Time	Level Time	Level Time	Level Time	Level Time	
		Level Time	Level Time	Level Time	Level Time	Level Time	Level Time	
		Level Time	Level Time	Level Time	Level Time	Level Time	Level Time	
<b>Total Cost</b>								
<b>Check#/Cash</b>								
<b>Date Paid</b>								

**Do you give permission to the Village of Cass City to use photos of your child/children for program promotion and the Village website? Please circle one: Yes OR No**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 2026 Helen Stevens Memorial Pool Parent/Child Lessons Registration Form

Parent/Guardian Name (attending class)			Cell		Email			Date
Address					City			Zip
Emergency Contact if Parent is Unavailable			Relation to Child		Cell			
Child's Name	Age	Session 1 June 8-12	Session 2 June 15-19	Session 3 June 22-26	Session 4 July 6-10	Session 5 July 13-17	Session 6 July 20-24	Cost
		10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	
		10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	
		10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	
		10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	10am OR 5pm	
<b>Total Cost</b>								
<b>Check#/Cash</b>								
<b>Date Paid</b>								

**Do you give permission to the Village of Cass City to use photos of you and your child/children for program promotion and the Village website? Please circle one: Yes OR No**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**2026 Helen Stevens Memorial Pool Private Lessons Registration Form**

Parent's Name(s)			Date	
Address			City	
Zip		/ Phone	/ Cell	
Instructor(s) Requested				
Participant Name(s)				
Lesson Date	Lesson Time	Cost	Check #/Cash	Date Paid
	12pm-1pm			
<b>Total Cost</b>	<b>Date Paid</b>			

**Cost- \$25.00/Hour/Person**

Please return **this Registration Form, Emergency Medical Information Form and Payment** to the Village Office.

**Do you give permission to the Village of Cass City to use photos of you/your child for program promotion and the Village website? Circle One: Yes OR No**

**Signature** \_\_\_\_\_



2026 Photo Release and Media  
Permission Form:

I, \_\_\_\_\_ (parent/guardian) give permission to the Day  
Camp Director/Pool Coordinator permission to publish  
\_\_\_\_\_ (child name) photo, name, and/or likeness on the Village of  
Cass City website, or any other electronic format. I understand that my child's name and photo  
will never be published together on the same web page. This permission may be revoked in  
writing by a parent or guardian at any time.

Parent or Guardian Signature \_\_\_\_\_

Child(children's) Name \_\_\_\_\_

Date \_\_\_\_\_

# **VILLAGE OF CASS CITY EMERGENCY MEDICAL CONTACT FORM**

**Parent/Guardian Name** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Cell** \_\_\_\_\_

**1<sup>st</sup> Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.  
\_\_\_\_\_

2. Will this child be taking any medication? If yes, please indicate type and effects on child.  
\_\_\_\_\_

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

**2<sup>nd</sup> Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.  
\_\_\_\_\_

2. Will this child be taking any medication? If yes, please indicate type and effects on child.  
\_\_\_\_\_

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

**3<sup>rd</sup> Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender** \_\_\_\_\_

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.  
\_\_\_\_\_

2. Will this child be taking any medication? If yes, please indicate type and effects on child.  
\_\_\_\_\_

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_