

Summer Swim Lesson Registration Form

Guardian Name: _____ Address _____

Contact Phone # _____ Email _____

Emergency Contact _____ Phone # _____

1) **SWIMMER'S NAME:** _____ Age _____ Last Level Lessons _____ Recommended to: _____

Any known Allergies or Disabilities: _____

MORNING or EVENING LESSONS (circle)

Session: 1 2 3 4
Level: 1B 1A 2 3 4 1B 1A 2 3 4 1B 1A 2 3 4 1B 1A 2 3 4
Time: _____ _____ _____ _____

WATERBABIES or Level 1B (circle)

Session: 1 2 3
M&W or T&TH

2) **SWIMMER'S NAME:** _____ Age _____ Last Level Lessons _____ Recommended to: _____

Any known Allergies or Disabilities: _____

MORNING or EVENING LESSONS (circle)

Session: 1 2 3 4
Level: 1B 1A 2 3 4 1B 1A 2 3 4 1B 1A 2 3 4 1B 1A 2 3 4
Time: _____ _____ _____ _____

WATERBABIES or LEVEL 1B (circle)

Session: 1 2 3
M&W or T&TH

3) **SWIMMER'S NAME:** _____ Age _____ Last Level Lessons _____ Recommended to: _____

Any known Allergies or Disabilities: _____

MORNING or EVENING LESSONS (circle)

Session: 1 2 3 4
Level: 1B 1A 2 3 4 1B 1A 2 3 4 1B 1A 2 3 4 1B 1A 2 3 4
Time: _____ _____ _____ _____

WATERBABIES or LEVEL 1B (circle)

Session : 1 2 3
M&W or T&TH

PLEASE SIGN WAIVER ON BACK

Staff _____ Cash _____ Ck # _____ CC _____ Staff Use Only Amount _____ Date _____ Waiver _____

No refunds will be given unless Cancellation is made at least two weeks prior to the Swim Lesson start date.
Exceptions can be made by management in cases of illnesses and or injury.