

Summer Swim Lesson Registration Form

Guardian Name: _____ Address _____


Contact Phone # _____ Email _____

Emergency Contact _____ Phone # _____

1) Swimmers Name: _____ Age _____ Last Level Lessons _____ Recommended to: _____

Pertinent Medical Info (Allergies, Learning Disabilities, ect.): _____

Session	1	2	3	4	5
Level:	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4
Time:	_____	_____	_____	_____	_____

Evening Lessons  **Session:** 1 2 3 4
Level: W/B L/S 1 2 3 4

2) Swimmers Name: _____ Age _____ Last Level Lessons _____ Recommended to: _____

Pertinent Medical Info: _____


Session #	1	2	3	4	5
Level:	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4
Time:	_____	_____	_____	_____	_____

Evening Lessons  **Session:** 1 2 3 4
Level: W/B L/S 1 2 3 4

3) Swimmers Name: _____ Age _____ Last Level Lessons _____ Recommended to: _____

Pertinent Medical Info: _____

Session #	1	2	3	4	5
Level:	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4 5	L/S 1 2 3 4
Time:	_____	_____	_____	_____	_____

Evening Lessons  **Session:** 1 2 3 4
Level: W/B 1 2 3 4

PLEASE SIGN WAIVER ON BACK

Staff Use Only

Staff _____ Cash _____ Ck # _____ CC _____ 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.*