



Swim Lesson Registration

Summer 2018

Member Number:

Parent's Name:

Contact Phone# 1

Contact Phone # 2

Email:

Children must be 4 by September 10 and potty trained to register for swim lessons.

Child's Name:

Child's Birthday:

Skill Level: _____ Session: _____ Time: _____

Additional Children:

Child's Name:

Child's Birthday:

Skill Level: _____ Session: _____ Time: _____

Child's Name:

Child's Birthday:

Skill Level: _____ Session: _____ Time: _____

Child's Name:

Child's Birthday:

Skill Level: _____ Session: _____ Time: _____

Member Signature:

Payment: \$ _____ Check Number: _____