SWIMMING LESSON REGISTRATION

Complete a form for **each** person enrolling in a swimming class.

Please circle one:　　　　　　　　　　PUBLIC　　　　　　　　　　**PRIVATE

**Private lessons may be limited depending on the number of instructors and those wanting lessons. We will do our best to fill all requests.

Select a Session

____ Session 1 (Level 1-5)
June 21th - July 1st (Monday through Thursday; Friday only if need to reschedule a class)

____ Session 2 (Level 1 -5)
July 19th - July 29th (Monday through Thursday; Friday only if need to reschedule a class)

____ Private Lesson - list preference in dates/times including morning/evening

_____

Public Class TIme: (circle preferred time)　　　9:00 - 9:40　　　　　10:00 -10:40　　　　11:00 - 11:40

Name of Participant: _____　　**Age**: _____

　　　　　Last Red Cross Swimming Level Class and year (if known) _____

Parent/Guardian Contact Information:

Name: _____　　　　Email: _____

Address:_____　　　　Phone #:
_____

_____

Emergency Contact Information:

Name:_____ Relationship:_____　#:_____

Morning Contact/# for class cancellations (if different than Parent/Guardian):

Name:_____ #:_____

****May we send a text to the morning contact/parent/guardian for class cancellations?*　　YES　　NO

We often take pictures or video the kids enjoying swimming lessons. Please circle if we can include your child in pictures on the pool's Facebook page - Valley Falls City Pool at Delaware Point.

　　　　　　　　　　　　　　Yes　　No

Office Use:
Swimming Level: 1　2　3　4　5　　　Session: JUNE　　JULY　　　　　Time: 9am　10am　11am

Date Paid _____　　　　　Method:　Check　Cash　Card