

REGISTRATION FORM

Swimmer's Name: _____

Parent's Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Swimmer's Age: _____ Birth Date: _____

Phone #: _____ E-mail: _____

Circle what applies for each of the following:

Level: 1 2 3 4 5 6

Days: Monday/Wednesday AM Monday/Wednesday PM Tuesday/Thursday AM

Cost: \$30.00 per swimmer **Total amount paid:** _____

Medical or health conditions instructors should be aware of: _____

Check what applies for the following:

Class Days & Times

<i>Level</i>	<i>Days</i>	<i>Times</i>	<i>Check One</i>
Levels 1, 3, 5	Monday/Wednesday	10:30 AM-11:00 AM	
Levels 2, 4, 6	Monday/Wednesday	11:15 AM-11:45 AM	
Levels 1, 2, 3, 4, 5, 6	Monday/Wednesday	6:15 PM-6:45 PM	
Levels 1, 3, 5	Tuesday/Thursday	10:30 AM-11:00 AM	
Levels 2, 4, 6	Tuesday/Thursday	11:15 AM-11:45 AM	

For office use only (check what applies for each of the following):

Fee Paid _____ Check _____ Cash _____ Late Fee _____

Date Received _____ Initials _____