Greenwood Aquatic Club

Swim Lesson Registration

Today's Date: _____

Session: ☐ I (April 27 – May 20) ☐ II (May 25 – June 17) ☑ III (June 22 – July 15)

Time Preference: ☐ 5:30 – 6:10 pm ☐ 6:15 – 6:55 pm ☐ 7:00 – 7:40 pm

Swimmer's Information

Name: _____
LAST FIRST MIDDLE

Age: _____ Birth Date: _____/_____/_____
MO DAY YEAR

Address: _____
STREET CITY STATE ZIP

Home Phone: _____

What level is the swimmer? ☐ Beginner ☐ Intermediate

Parent/Guardian's Information

Father's Name: _____ Work Phone: _____ Cell: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Mother/Father's Address (if different from above): _____
CIRCLE ONE

Email Address: _____
(Email address will be used to distribute last minute information and updates regarding cancellations and schedule changes.)

Emergency & Medical Information

Emergency Contact (other than parents): _____ Phone: _____

Does swimmer have any medical conditions? (Check all that apply)

☐ Heart condition ☐ Asthma ☐ Allergies ☐ Diabetes ☐ ADD ☐ Deaf

Other: _____

_____

SIGNATURE: _____ **DATE:** _____

(A $20 fee will be assessed for all returned checks.)

OFFICE USE ONLY:

Amount Paid: _____ **Payment Type:** ☐ Cash ☐ Check, #