

SUMMER PROGRAMS REGISTRATION FORM

SWIMMING LESSONS/SWIM TEAM

Name:

Age:

Birth Date:

Phone:

Medicare Number:

Medical History:

Address:

Parents Names:

Work Phone:

Other Contact:

Phone:

	Program/Activity	Cost	Information	Paid
	Swimming Lessons <i>Session 1</i>	\$30	Level: MWF or Tth Time:	
	Swimming Lessons <i>Session 2</i>	\$30	Level: MWF or Tth Time:	
	Parent/Tot Lessons	FREE	MWF or TTh Time:	
	Swim Team	\$30	MWF Time:	

IN OFFICE USE:

Authorized:

Date:

Total Paid:

Payment is due upon registration