

Private Swimming Lesson Registration 2023

Child's First Name:		Last Name:	
Age:	Birth date:	Phone:	
Address:_			
Do you pa	y a City water bill?		
Parent's N	lame:		
Emergenc	y contact:		
Name		Phone #: Relationship:	
Any Addi	tional Information:		
		Medical Information & Release	
Any Healt	h Conditions:		
Allergies:			
		Phone #:	
arrives. In	the event I cannot be o	ncy room staff to render any and all EMERGENCY care before a pare- contacted, the ER staff may do any lifesaving measures deemed ne	C
Signature:		Date:	
		week (Monday-Friday) for 45 minutes a day. The price i	
		mits and \$85/week for those living outside city limits. Yo	u may choose
·	8 8	e 5 th through July 28 th until slots are full.	
		ed for Private Lessons:	
Time requ	ested (please circle)): 9:00 a.m. 6:00 p.m. (NOT weeks of 7/3 & 7/10). 7:	:00 p.m.
Any addit	ional requests/inform	mation:	