

## Swim Lesson Registration Session 1: June - 14, 16, 21, 23 & 28 Session 2: July 19, 21, 26, 28; August 2 10:30-11:30am - OR - 7:00-8:00pm

Please complete the following information and select the swim session your child would like to attend. By completing the skills checklist, our staff will be able to determine which class level your child will benefit from. Throughout the session, your child's skills will be evaluated and your child may progress to another class level of instruction when skills have been mastered. Learning how to float is a required skill before advancing to the swim instruction class. Parents of young children are welcome and encouraged to accompany child during swim class

Session Number: 1 2	Morning (10:30-11:30am):	Evening (7:00-	8:00pm):
Parent/Guardian Name (Fir	st and Last):		
Address:			
	Alternate Phone:		
Emergency Contact:	Emergency Phone:		
	l Last):		
	ving regarding your child's cur		
Gricen are rough	····g · egu. ug your ea o ear	YES	NO
My child is afraid of the wa	iter		
My child can jump into the water from the edge of the poo		l	
My child can put his/her face in the water			
My child can float on his/her stomach			
My child can float on his/her back			
My child can doggy paddle			
My child can tread water			
My child can swim the breast stroke			
My child can swim the back stroke			
My child can swim under water			
	OFFICE USE		
	Swim Less Level (Circle One)	):	
Preschool Beginner	Preschool Intermediate		
Elementary Beginner	Elementary Intermediate	Elementary Advanced	
Jr. High Beginner	Jr. High Intermediate	Jr. High Advanced	
	Payment:		
Season Pass Holder \$25:	Non-Pass Holder \$35:	Receipt Number:	
Employee Signature:		Date:	