

Last Name: \_\_\_\_\_

# Swimming Lesson Registration Form

## Participant:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last Level Completed: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residence (Please Circle): Rimbey / Ponoka County / Lacombe County / Other

Please have your child's swimsuit on for swimming lessons so they are ready to go on arrival to the pool. Please be aware that there is **no public access** to the pool and whirlpools during swimming lessons. However, you are welcome to watch the lessons from designated viewing areas. If you are not staying at the facility for your child's swimming lesson, is there an alternate number that you can be reached at?

Alternate Phone Number: \_\_\_\_\_

## Lessons Registered (Please Circle):

Session 5 July 29 - Aug 2	Session 6 - August 6-9	Session 7 - August 12-16	Session 8 - August 19-23
Preschool 1/2	<h1>Private Lessons</h1>	Preschool 1/2	Parent & Tot 1-3
Preschool 3		Preschool 3	Preschool 1/2
Preschool 4/5		Preschool 4/5	Preschool 1/2
Swimmer 1		Swimmer 1	Preschool 3
Swimmer 2		Swimmer 2	Swimmer 1
Swimmer 3		Swimmer 3	Swimmer 2
Swimmer 4		Swimmer 4	Swimmer 3
Swimmer 5		Swimmer 6	Swimmer 4
Swim Patrol		Swim Patrol	Swimmer 5
Private		Private	Swimmer 6
Private		Private	Private
Private		Private	Private

\*\*\*\*\*Your child's spot in the class is not secure until paid\*\*\*\*\*

# Of Classes Registered	Level	Cost	Total
	Preschool/Parent & Tot	\$40.00	
	Levels 1-6	\$50.00	
	Swim Patrol	\$60.00	
	Private - 1 child	\$25.00 /30 mins.	
	Semi-Private Note: 2 children maximum.	\$20.00 /30 mins. Each child	
Must be only one level lesson difference between children			

By signing below, I acknowledge that I have read and understand the admission requirements for this facility and have explained them to my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lessons may be cancelled a minimum of 48 hours in advance if registration is insufficient or if there is an unforeseen circumstance that would prohibit us from having lessons at the facility.

## For Office Use

Receipt # \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

0 Class Canceled (Reason: \_\_\_\_\_)