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 <u>no</u> <u>public access</u> 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 28 - Aug 1	Session 6 - August 5-8	Session 7 - August 11-15	Session 8 – August 18-22
Preschool 1/2		Preschool 1/2	Parent & Tot 1-3
Preschool 3	Private	Preschool 3	Preschool 1/2
Preschool 4/5		Preschool 4/5	Preschool 1/2
Swimmer 1	Lessons	Swimmer 1	Preschool 3
Swimmer 2	Leccone	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 – Per Day	\$25.00 /30 mins.		
	Semi-Private	\$20.00 /30 mins.		
	Note: 2 children maximum.	Per child – Per Day		
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.

- . \_\_\_ . \_\_\_ . \_\_\_ . \_\_\_ . \_\_\_ . \_\_\_ . \_\_\_ .

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## For Office Use

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

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

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