

Swimming Lesson Registration

Have You Had Previous Lessons? _____ Where? _____

Previous Instructors Name: _____

Session: _____ Morning/Evening: _____ BSW Resident: Yes / No

Students Name: _____ Age: _____

Parent/Guardian: _____

Home Address: _____

Home Phone: _____

In case of emergency notify: (name) _____

(Phone) _____

DOES THE STUDENT HAVE ANY MEDICAL PROBLEMS / ALLERGIES WHICH MIGHT INTERFERE WITH HIS / HER SWIMMING ABILITIES (BREATHING PROBLEMS, INJURIES, ETC.)? _____ Yes _____ No

If yes, please describe briefly: _____

IS THE STUDENT ON ANY MEDICATION? _____ Yes _____ No

If yes, please list: _____

FOR STUDENTS UNDER THE AGE OF 18, A LEGAL GUARDIAN OR PARENT'S PERMISSION IS REQUIRED FOR THE STUDENT TO ENROLL.

(Parent or Guardian's Signature)

(Date)

NOTE: CANCELLATIONS MUST BE MADE FIVE DAYS BEFORE THE FIRST LESSON FOR REFUND TO BE GIVEN. THERE WILL BE NO MAKE UP CLASSES, EXCEPT FOR CANCELLATIONS DUE TO WEATHER OR INSTRUCTOR'S SCHEDULE.

(Initial)

----- BSW USE ONLY -----

ACCEPTED BY: _____ **DATE:** _____