

Swimming Registration

Parent's name _____

Phone numbers _____

Email _____

(This will be used to notify you of your time slot and will be kept private)

Session:

_____ July 5-16 (2wk)

_____ July 19-23 (1wk, twice daily)

_____ Aug 3-13 (2 wk)

Swimmer #1

Name _____

Last level achieved _____

Medical conditions _____

Please indicate your preferred

Time choice

9:30-11:30 _____

11:30-1:30 _____

Swimmer #2

Name _____

Last level achieved _____

Medical conditions _____

Please indicate your preferred

time choice

9:30-11:30 _____

11:30-1:30 _____

Swimmer #3

Name _____

Last level achieved _____

Medical conditions _____

Please indicate your preferred

Time choice

9:30-11:30 _____

11:30-1:30 _____

Swimmer #4

Name _____

Last level achieved _____

Medical conditions _____

Please indicate your preferred

time choice

9:30-11:30 _____

11:30-1:30 _____

We always plan our class schedule from scratch with the priority of keeping family groupings together, and focusing on creating the most appropriate groupings of levels and ages as best we can.