SWIM LESSONS REGISTRATION FORM

Registration Date:

Swimmer Information					
First Name		Last Name			
Age	Grade		Gender		
Skill Level		Preferred Lesson Days			
Please add any information	n you would like	e us to be aware o	f about your swimmer.		

Parent/Guardian Information					
First Name		Last Name			
Email Address		Phone Number			
Street Address	City	State	Zip Code		
	•		•		