

Greater Milford Boys & Girls Club

Aquatic Center Program Registration Form

Participants

Last name: First Name:

Parent’s name (if minor):

Address: City: State: Zip Code:

E-mail: Cell:

Other Phone Number: Birth date: Age:

**Program: (please select only one)**

□ Water Aerobics

□ Swim Lessons □ Swim Team (shirt size: )

**Swim Lesson ONLY:**

Have you had lessons prior to this class? Y N Where: Instructor:

Please Select Lesson Level:

□ Mommy/Daddy & Me □ Intermediate Session:

□ Preschool □ Advanced Day:

□ Beginner □ Adult Time:

□ Advanced Beginner

Minimum participation for all swim lessons is 4 participants. The Club reserves the right to cancel any swim lesson not meeting the participation requirement. **We do not permit make up lessons for absences**. Participation requirement deadline is one week prior to the start of class.

*For Staff Use Below this Line……………………………………………………………………………….*

* Paid Amount: Receipt #: Staff Initial: