



Aquatic Center Program Registration Form

Participant's 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 ☐ Deep Water Aerobics ☐ Masters Swimming
☐ Swim Lessons ☐ Swim Team (shirt size: _____) ☐

*If you are signing up for Deep Water Aerobics or Masters Swimming you **MUST** be able to comfortably swim one length of the pool without stopping. (good form is not necessary)*

Group Swim Lessons ONLY:

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

Please Select Lesson Level:

- ☐ Mommy/Daddy & Me (6mo – 3yr) ☐ Adv. Beginner (8yr – 12yr) Session: _____
☐ Preschool (3yr – 5yr) ☐ Competition Prep Day: _____
☐ Beginner (5yr – 7yr) ☐ Adult (13 and up) Time: _____

*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.*

Private Lessons ONLY:

☐ Private ☐ Semi-Private Preferred Day/Time: _____ Preferred Instructor: _____

Receipt #: \$ Amount: # of lessons:	Receipt #: \$ Amount: # of lessons:	Receipt #: \$ Amount: # of lessons:	Receipt #: \$ Amount: # of lessons:	Receipt #: \$ Amount: # of lessons:
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For Staff Use Below this Line.....

Paid Amount: _____ Receipt #: _____ Staff Initial: _____