

2017 WESTRIDGE SWIM LESSON REGISTRATION

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	Cell Phone: ()
Parent/Guardian Name:	Cell Phone: ()
Email Address:	Home Phone: ()
Home Address:	

EMERGENCY CONTACT INFORMATION (Required)

Contact Name:	
Relationship of Contact to Participant:	
Home Phone: ()	Cell Phone: ()

SWIMMER INFORMATION

Swimmer's Name:	M / F	Date of Birth: / /
Health/Allergy/Swimming Concerns:		
Submerges Underwater 10 Seconds: Yes No	Comfortable Jumping into Deep Water: Yes No	
Front Floats Independently 10 Seconds: Yes No	Swims Freestyle with Side Breathing: Yes No	
Back Floats Independently 10 Seconds: Yes No	Swims Freestyle & Backstroke 15 Yards: Yes No	
Swims Independently a Short Distance: Yes No	Familiar with Butterfly & Breaststroke: Yes No	

Swimmer's Name:	M / F	Date of Birth: / /
Health/Allergy/Swimming Concerns:		
Submerges Underwater 5 Seconds: Yes No	Comfortable Jumping into Deep Water: Yes No	
Front Floats Independently 5 Seconds: Yes No	Swims Freestyle with Side Breathing: Yes No	
Back Floats Independently 10 Seconds: Yes No	Swims Freestyle & Backstroke 15 Yards: Yes No	
Swims Independently 15 feet: Yes No	Familiar with Butterfly & Breaststroke: Yes No	

Swimmer's Name:	M / F	Date of Birth: / /
Health/Allergy/Swimming Concerns:		
Submerges Underwater 5 Seconds: Yes No	Comfortable Jumping into Deep Water: Yes No	
Front Floats Independently 5 Seconds: Yes No	Swims Freestyle with Side Breathing: Yes No	
Back Floats Independently 10 Seconds: Yes No	Swims Freestyle & Backstroke 15 Yards: Yes No	
Swims Independently 15 feet: Yes No	Familiar with Butterfly & Breaststroke: Yes No	

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Front Floats Independently 5 Seconds: Yes No	Swims Freestyle with Side Breathing: Yes No	
Back Floats Independently 10 Seconds: Yes No	Swims Freestyle & Backstroke 15 Yards: Yes No	
Swims Independently 15 feet: Yes No	Familiar with Butterfly & Breaststroke: Yes No	

SESSION SELECTION

<i>Check Session(s) for Enrollment</i>		✓	<i>Rank Preferred Times 1-4 for Each Session</i>		
Session One	Class Dates: June 5,6,7,8,12,13,14,15		10:30am		11:00am
	Makeup Dates: June 9 & 16		11:30am		12:00pm
Session Two	Class Dates: June 19,20,21,22,26,27,28,29		10:30am		11:00am
	Makeup Dates: June 23 & 30		11:30am		12:00pm
Session Three	Class Dates: July 10,11,12,13,17,18,19,20		10:30am		11:00am
	Makeup Dates: July 14 & 21		11:30am		12:00pm

FOR OFFICE USE ONLY

Fees: \$100 per swimmer members of Westridge	Amount Due - Total:	\$ _____
\$120 per swimmer nonmembers	Amount Received Check:	\$ _____
Placed Session:	Amount Received Cash:	\$ _____
Placed Time:	Received By: _____	Date: / /

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