



Swimming Lessons Registration Form

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Phone No. _____

Session Desired: (please circle) 1st 2nd 3rd 4th

NOTE: A \$10.00 MOVING FEE will be assessed when a child's parent or guardian ask to have a child moved from one class / session to a different class / session after initial registration.

Has the student had swimming lessons before? yes no don't know
 If "yes" please circle any of the following that apply: Winchester Swimplex Private Other

If child has completed a level in American Red Cross Swim Lessons, please write down last completed. Level _____

Classes:

- | | |
|-------------------------------------|-----------------------------------|
| _____ Infant aquatics (6 – 36 mos.) | _____ Preschool (3-5 years) |
| _____ Beginner (6 years & up) | _____ Intermediate (6 years & up) |
| _____ Advanced (6 years & up) | _____ Adult (16 years & up) |

Contact in case of emergency:

Name: _____

Relation: _____ Phone No. _____

Please Note: Each child will be tested on the first day of class and grouped accordingly with other children of the same skill level.

We, the undersigned parent or guardian give permission for the above named student to take swimming lessons through the Winchester Recreation Department. We agree not to hold the City of Winchester, or anyone connected with the swimming lessons, responsible for any injury or mishap.

All Swim Lesson are NON - REFUNDABLE

Signature: _____

Date: _____

Office Use Only

Amount Paid \$ _____

Cash Check # _____

Receipt # _____

Date: ____/____/____

Employee Initials: _____