Carlyle City Pool

Swimming Lesson Registration Form



Staff Initials: _____

			ILLINOI	
Participant's Name:			Age:	
Physical restrictions/Med	ical conditions/Allergies:			
How would you describe	the participant's skill level?	Beginner Interme	diate Proficient	
Parent(s) Name:				
Cell Phone:		Home Phone:		
Cost:				
Five 30 minute lesTen 30 minute les	ssons - \$35 sons (consecutive weeks) - :	\$60		
Time Preference:				
9:00-9:304:00-4:30	9:30-10:004:30-5:00	10:00-10:305:00-5:30	10:30-11:005:30-6:00	
Date Preference:				
June 6-10July 4-8August 1-5	June 13-17July 11-15August 8-12	June 20-24July 18-22	June 27-July 1July 25-29	
Lifeguard Preference:			No Preference	
Cancellation Policy:				
notified by telephone rescheduling. • If participants cannot start time. Lessons contact time.	prior to the start of the lesson.	Your instructor will provide yo or injury, please notify the po	conditions. If possible, you will be u with several date/time options for pol at least 2 hours prior to the scheduled led.	
		I have read and understand	the Swimming Lesson Cancellation Policy.	
			Date:	
		ce Use Only		
Assigned Instructor:	Instructor: Date:			