

Carlyle City Pool

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Participant's Name:			Age : 3, 4, 5, 6, 7, 8, 9, 10
Physical restrictions/Medical condition	ons/Allergies:		
Parent(s) Name:			
Daycare Provider:			
Parent Phone #:	Daycare Phone #:		
Cost: • \$7.00/session • \$30 for all 5 sessions	 Schedule: 11:00-11:45 Open Swim 11:45-12:15 Games/Activities 12:15-12:45 Lunch (hot dog, chips, water, dessert) 		
Date: Will participate in all 5 s Or please circle the dates your child will			
• June 17 • June 24	• July 1	• July 8	• July 15
 Cancellation Policy: Little Dippers may be cancelled a If possible, you will be notified by Should Little Dippers need to be August 5th and/or August 12th Absolutely no monetary refunds Participant Safety Policy:	y telephone prior to the cancelled due to weathe	start of the session.	
 Parents and/or daycare provider session. No child may be droppe Children must have sunscreen ap Parents/daycare providers are relifejackets, Puddle Jumper, etc.) or 	d off. oplied prior to Little Dip esponsible for providing	per Club session by p g and securing flotation	arent/daycare provider.
I have read and understand th	ne Little Dippers Clu	o Cancellation and	Participant Safety Policy.
			Date:
	Office Use On	ly	

Cash

Check #____

Date Paid: _____ Staff Initials: ___