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Red Cross Swim Program Registration Form
 = Levels I, II, III, IV, V, VI =
 = Fee Paid _____ Date: _____ =
 =FEE MUST ACCOMPANY THIS APPLICATION..... =
 = Session (1st Choice) _____ Date: _____ Time: _____ =
 = Session (2nd Choice) _____ Date: _____ Time: _____ =
 = **PLEASE PRINT:** =
 = Child's Name: (Last) _____ (First) _____ =
 = Address: _____ City: _____ Zip: _____ =
 = Grade: _____ Age: _____ Date of Birth: _____ =
 = Father's Name: _____ Mother's Name: _____ =
 = Home Phone: _____ Other Phone: _____ =
 = Signature of Parent or Guardian: _____ =
 = _____ Date: _____ =
 = Swimming Sessions: =
 = •Beginners •Adv. Beginners •Intermediates •Swimmers •Adv. Swimmers =
 = NO REFUND WILL BE GIVEN EXCEPT FOR EMERGENCY SITUATIONS =
 = _____ =