

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: _____

Swimming Sessions:

•Beginners •Adv. Beginners •Intermediates •Swimmers •Adv. Swimmers

Signature of Parent or Guardian: _____ Date: _____

NO REFUND WILL BE GIVEN EXCEPT FOR EMERGENCY SITUATIONS