Swim America

Easy Registration "Give your child a lesson for life" Age____Date of Birth_____ Name of Child #1 Name of Child #2 Age Date of Birth Name of Child #3______ Age_____ Date of Birth_____ Address_____ _City_____Zip_____ Home Phone Emergency/Cell Phone Parent(s) Name(s)______ Email Address_____ **Choose Dates and Times** April 5th -28th T/Th 5:00 p.m./ 5:40 p.m. May 3rd -26th T/TH 5:00 p.m./ 5:40 p.m. <u>Please check highest level of ability:</u> Level 1- Non Swimmer_____ Level 2- Ability to place head under water_____ Level 3- Front Float/Back Float Level 4- Front Float and kick/ Back Float and Kick Level 5- Crawl arm stroke, no breathing Level 6- Crawl Arm stroke with breathing Please complete, sign and turn into a coach on deck at Southwest Rec. 3:00 - 7:00 p.m. Please include payment of \$95 with your Swim America application. Checks should be made to WFLA. Make up Policy: Any lesson missed must be made up within your scheduled session ONLY, and will be possible only in space is available. Please check with your instructor as to availability at other class times. As a participant or as the legal guardian of a participant in the Swim America program represented by this registration form, I agree to hold Swim America and its officers and agents free and harmless from any claim or expense that may arise due to participation in this program. Questions to zookeeper5721@gmail.com.

Date

Signature_____