

**LEARN TO SWIM REGISTRATION**

CHILD'S NAME: \_\_\_\_\_

AGE OF CHILD: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE CIRCLE WHICH SESSION(S) YOU WOULD LIKE TO PARTICIPATE IN.

SESSION 1  
Beginner  
11:15 – 11:45

SESSION 1  
Intermediate  
11:45 – 12:15

SESSION 2  
Beginner  
6:45- 7:15

SESSION 2  
Intermediate  
7:15 – 7:45

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