



STUDENT & PARENT REGISTRATION INFORMATION

PARENT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ CELL: _____
E-MAIL ADDRESS: _____

SWIMMER NAME: _____
AGE: _____ BIRTHDAY: _____
SESSION DATE: _____
DAYS: _____ TIMES: _____
LEVEL: _____ CLASS TYPE: _____

SWIMMER NAME: _____
AGE: _____ BIRTHDAY: _____
SESSION DATE: _____
DAYS: _____ TIMES: _____
LEVEL: _____ CLASS TYPE: _____

SWIMMER NAME: _____
AGE: _____ BIRTHDAY: _____
SESSION DATE: _____
DAYS: _____ TIMES: _____
LEVEL: _____ CLASS TYPE: _____

PAYMENT INFORMATION **STUDENT IS NOT REGISTERED FOR CLASS UNTIL PAYMENT IS RECEIVED **