For office use only:

Check #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Swimming Lessons Registration Form**

Please fill out a separate form for each child and for **each** session.

Make checks payable to the *Village of Mazomanie.* Each session is *$35.00.*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Check the session you are interested in:

 Session I: June 15th-June 27th

Session II: July 7th-July 18th

 Session III: July 28th-August 8th

 Please circle the LEVEL and TIME in which you wish to enroll your child:

|  |  |
| --- | --- |
| **CLASS LEVEL: (circle one)** | **TIME: (circle one)** |
|  | AM | AM | PM |
| Level I | 10-10:30 | 10:45-11:15 | 4:15-4:45 |
| Level II | 10-10:30 | 10:45-11:15 | 4:15-4:45 |
| Level III | 10-10:45 | 10:50-11:35 | 4-4:45 |
| Level IV | 10-10:45 | 10:50-11:35 | 4-4:45 |
| Level V | 10-10:45 | 10:50-11:35 | 4-4:45 |
| Level VI (sessions I & III) | 10-10:45 | 10:50-11:35 | 4-4:45 |
| Toddlers (parent participation required) |  |  | 4:15-4:45 |

Parent Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (name and phone)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special medical information we should know about (asthma, allergies, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand the inherent risk of injury involved in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature Date