**Swimming Lesson Registration**

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

Make checks payable to “***Village of Mazomanie***.”

Levels 1-6: Village of Mazomanie Resident $35.00 – Non-Resident $40.00

Parent-Tot: Village of Mazomanie Resident $20.00 – Non-Resident $25.00

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

**Choose Session:** (please circle one)

Session 1: June 17 - 28 Session 2: July 8 – 19 Session 3: July 29 – August 9

**Choose Level and Time:**

Level I 10:20 -10:50 am 11:00 – 11:30 am 4:00 – 4:30 pm

Level II 10:20 -10:50 am 11:00 – 11:30 am 4:00 – 4:30 pm

Level III 10:30 – 11:15 am 4:00 - 4:45 pm

Level IV 10:30 – 11:15 am 4:00 - 4:45 pm

Level V 10:30 – 11:15 am 4:00 - 4:45 pm

Level VI (Session 3 only) 10:30 – 11:15 am 4:00 - 4:45 pm

Parent/Tot: 6:00 – 6:30 pm

\*All lessons are held Monday through Friday. If there is inclement weather, lessons will be cancelled. Every attempt will be made to have make-up lessons the week following the lesson schedule.

Parent’s Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information: (ex. Asthma, allergy, etc,) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only:

Sold By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_

Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_