



GLENWOOD HOT SPRINGS

Swim Lesson Registration

Parent/Guardian

FIRST NAME _____ LAST NAME _____

PARENTS' CELL PHONE _____

HOME PHONE NUMBER _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

EMERGENCY CONTACT NUMBER _____

Child

FIRST NAME _____ LAST NAME _____ AGE _____

SEX F M

DISABILITIES & MEDICATIONS _____

Class

DAY/TIME _____

SESSION SPRING SUMMER I SUMMER II FALL

LEVEL PARENT & CHILD LEVEL 1 LEVEL 2 LEVEL 3 LEVEL 4