

SOUTHGATE SWIM CLUB

2024 Child Swim Lesson Registration Form

Name (Nombre) _____ Age (edad) _____ Skill (nivel) Level _____

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Name (Nombre) _____ Age (edad) _____ Skill (nivel) Level _____

Name (Nombre) _____ Age (edad) _____ Skill (nivel) Level _____

Parent (padre)/Guardian _____

Daytime Phone# _____

Address/Domicilio _____

Emergency Contact Phone #/Telefono de emergencia _____

Physician Name and Phone #/ Nombre de Doctor y telefono _____

Any Medical Conditions _____

Signature of Parent or Guardian/ Firma de padres _____

Parent email – _____

Session and Time Preference
Secciones y hora preferable

(circle session(s) you are registering for)

Session 1 - June 17 to June 28, 2024 | 10 classes

Session 2 - July 15 to July 26, 2024 | 10 classes

Half-hour classes starting at: (circle preferred time)

5:00pm

5:35 pm

6:10 pm

PAYMENT

Cash or Check (effective) Amount _____ Check # _____

Online fee (will add 3% fee) email to send invoice _____