

FGSC

SWIM LESSON REGISTRATION FORM

(Payment in full must accompany this registration)

Parent Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Student Name _____ Level _____ Session _____ Time _____ Age _____

Student Name _____ Level _____ Session _____ Time _____ Age _____

Student Name _____ Level _____ Session _____ Time _____ Age _____

Student Name _____ Level _____ Session _____ Time _____ Age _____

Student Name _____ Level _____ Session _____ Time _____ Age _____

Student Name _____ Level _____ Session _____ Time _____ Age _____

Physical limitation of which Fountain Green Swim Club should be aware:

Parent Signature: _____ Date: _____

No mail-in registration accepted

No refunds after registration