Mayville State Swimming Lessons

REGISTRATION FORM:

Child's Name: _____ Age: _____ Sex: _____ Birth Date: _____

Child's Name: _____ Age: _____ Sex: _____ Birth Date: _____

Child's Name: _____ Age: _____ Sex: _____ Birth Date: _____

Parent of Guardian: _____
Address: _____
City/State: _____ Zip: _____
Telephone: _____ Work: _____ Home: _____

IF NOT AVAILABLE IN AN EMERGENCY PLEASE NOTIFY:

Name: _____ Telephone: _____ Relationship: _____
Relationship: _____
Has the child had any serious illness or operation? _____ If yes, give dates and explanations: _____

_____

Will the child be taking any medications? ____ If yes, indicate types and effect on child _____

Does the child have a physical or mental disability which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain? _____

_____

SWIMMING CLASS:

Appropriate class level placement is based on swimming skills completed and NOT AGE or SCHOOL GRADE.
My child has completed the following American Red Cross swimming Level (please circle one):

None----Level 1----Level 2----Level 3----Level 4----Level 5----Level 6----unsure

INSURANCE: All participants are responsible for their own medical insurance coverage

Circle as appropriate:

Option 1	**Option 2**	**Option 3**
June: 5th, 6th, 7th, 8th, 12th, 13th, 14th & 15th 11am – 12pm **Levels 1-6 available** **(Week 1 & 2)**	June: 19th, 20th, 21st & 22nd 9am – 11am **Levels 1-6 available** **(Week 3)**	June: 26th, 27th, 28th & 29th 9am – 11am **Levels 1-6 available** **(Week 4)**

CLASSES WILL BE CAPPED AT 10 PER LEVEL - EMAIL OR CALL TO RESERVE

adam.edwards@mayvillestate.edu or 701-788-4822

EACH OPTION WILL COST $40.00

PAYMENT DUE ON FIRST DAY OF CLASS