

Mayville State Swimming

REGISTRATION FORM:

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

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Parent or Guardian _____

Address _____

City/State _____ Zip _____

Telephone: Home _____ Work _____

IF NOT AVAILABLE IN AN EMERGENCY PLEASE NOTIFY:

Name _____ Telephone _____

Relationship _____

Has the child had any serious illness or operation? _____ If yes, give dates and explanation: _____

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

Does child have a physical or mental disability about which the instructor needs to be aware 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 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:

Week 1
June 6 – 9 (MTWR)
11:00 – 12:00
\$16.50

Week 2
June 13 – 16 (MTWR)
11:00 – 12:00
\$16.50

Week 3
June 20 – 24 (MTWRF)
11:00 – 12:00
\$20.00

Payment due on first day of class.