

## 2024 Swimming Lessons Enrollment Sheet

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lessons/Class: \_\_\_\_\_ Session Number: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell # \_\_\_\_\_ Work #: \_\_\_\_\_

Parents - E-mail address \_\_\_\_\_

Signature/Parent or Guardian \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Know Allergies: \_\_\_\_\_

Know Medical Conditions: \_\_\_\_\_

**\*Forms accepted at Sedgwick City Hall until May 25th, after that date take to the Pool\***

---

### **FOR OFFICE USE ONLY: MUST BE FILLED OUT**

Payment: Cash- \_\_\_\_\_ Check- \_\_\_\_\_

Amount Due: \$35 Paid on the \_\_\_\_\_ day of \_\_\_\_\_, 2024

Office Signature: \_\_\_\_\_