

## **2016 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: \_\_\_\_\_

**\*Return forms to Sedgwick City Hall\***

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

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

Amount Due: \$30 Paid on the \_\_\_\_\_ day of \_\_\_\_\_, 2015

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