

2018 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 25, 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 _____, 2018

Office Signature: _____