

# BCAC Swimming Lessons 2011

## Registration Form

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

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

Work # \_\_\_\_\_ Home or Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

**Level of Swimming Ability (please circle one):**

**FYI: Children will be tested on first day of class.**

1. Beginner
2. Advanced Beginner
3. 3, 4, or 5 year old

Date of Class to be Taken \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_