

BCAC Swimming Lessons 2010

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 _____