

# SWIM LESSON REGISTRATION FORM

## North Carolina

**Pool Name:** \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Preferred contact method (phone, cell, email): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Has your child been in swim lessons before? YES or No  
If yes, how long has your child been in swim lessons? \_\_\_\_\_

Please give a brief description of your child's swimming abilities?

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Based on the Swim Lesson Brochure, what level would you place your child in swim lessons? \_\_\_\_\_

Does the child have any allergies or illnesses? YES or NO  
If yes, what are the allergies or illnesses?

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

I would like to register my child for (please check):

- Group Lessons (\_\_\_\_ I understand that if the minimum group number cannot be met, my options are: Semi or Private lesson, or to try another session)
- Semi-Private Lessons
- Private Lessons

I would like to register my child for (please check):

- Session 1: June 15<sup>th</sup> – June 24<sup>th</sup>
- Session 2: June 29<sup>th</sup> – July 8<sup>th</sup>
- Session 3: July 13<sup>th</sup> – July 22<sup>nd</sup>
- Session 4: July 27<sup>th</sup> – August 5<sup>th</sup>

A member of Carolina Pool Management staff will contact you about the swim lesson times the week prior to the session start.

Semi/Private Lesson Times can be scheduled any time during the day.

★ If you are interested in Semi-Private or Private Lessons what time would you prefer to schedule these lessons? \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO:**  
**CAROLINA POOL MANAGEMENT**

\*\*\*PLEASE RETURN THIS FORM TO A LIFEGUARD\*\*\*

Instructor Use Only	
Pool Location _____	
Type of Lesson	
<input type="checkbox"/> Group	<input type="checkbox"/> Semi-Private
<input type="checkbox"/> Private	
Patron Contacted? Yes or No	
Initials _____	
<input type="checkbox"/> Session	<input type="checkbox"/> Time
<input type="checkbox"/> Level	
Swim Instructor Assigned? Yes or No	Name _____
Payment Received? Yes or No	
Payment Check # _____ or Cash	
Amount _____	