

SWIM LESSON REGISTRATION FORM

South 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?

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 8th – June 17th

Session 2: June 22nd – July 1st

Session 3: July 6th – July 15th

Session 4: July 20th – July 29th

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	_____