

FGSC

Swim Lesson Registration Form

(Payment in full must accompany registration)

Parent Name: _____

Address: _____

Phone: _____

Email: _____

Student Name: _____ Age: _____

Level: 1 2 3 4 5

Session: 1 2 3

Time: 10:00am-10:45am or 11:00am-11:45am

Student Name: _____ Age: _____

Level: 1 2 3 4 5

Session: 1 2 3

Time: 10:00am-10:45am or 11:00am-11:45am

Student Name: _____ Age: _____

Level: 1 2 3 4 5

Session: 1 2 3

Time: 10:00am-10:45am or 11:00am-11:45am

PAID: Cash: _____ Check #: _____

Physical limitation of which FGSC should be aware of: _____

Parent Signature: _____ Date: _____

*****NO** mail in registration accepted***

*****NO REFUNDS** after registration***