



Swim Instruction Registration Form

Please complete one form for each child and each session – incomplete registration forms will be returned

Participant Name: _____ DOB: _____ Age: _____ Sex: **M** or **F**
(LAST) (FIRST)

Does the participant have a medical condition of which the instructor should be aware? (i.e., diabetes, seizures) **YES** or **NO**

If **YES**, please explain. _____

Contact Information

Parent/ Guardian Name: _____ Telephone: _____

Address: _____
(Street) (City) (State) (Zip)

Email (REQUIRED): _____

Emergency Contact

Name: _____ Telephone: _____ Relation to Participant: _____

For complete course information, schedule options and pricing, go to:

www.greenchimneys.org/community-programs-services/swim-programs/learn-to-swim

Course Selection – Please fill out one form for each session

Session (Circle One): Fall Winter Spring Summer 1 Summer 2

Program/Level: _____

1st Lesson Choice: Day: _____ Time: _____

2nd Lesson Choice: Day: _____ Time: _____

Policies

- Payment must be made in full at the time of registration to reserve your space in class.
- A 15% cancellation fee will be applied if registration is voluntarily withdrawn after the registration period has ended.
- Injuries and illnesses: with a valid letter from your physician, will receive a credit voucher for the number of lessons missed to be used toward a future session. Swimmers will not be permitted in the pool with gastrointestinal illnesses and may not use the pool for two weeks after symptoms dissipate.
- There will be no refunds for cancellations due to Acts of God, including weather related cancellations and cancellations due to facility complications. We recognize that such events are unlikely to occur; but if one does, we will issue a credit voucher for the number of affected lessons.

Printed Name: _____ Signature: _____ Date: _____