

LEARN TO SWIM REGISTRATION FORM

LEARN TO SWIM PARTICIPANT INFORMATION					
Participant's First Name:		Last Name:		Birth date:	Age: Sex:
				/ /	
Street address:			City & State:		Zip:
Second Participant's First Name:		Last Name:		Birth date:	Age: Sex:
				/ /	
PARENT/GUARDIAN INFORMATION					
Parent/Guardian First Name:		Last Name:		Birth date:	Are you a UNLV Student? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a SRWC Member? <input type="checkbox"/> Yes <input type="checkbox"/> No *SRWC Membership is Required.
				/ /	
Street address:		City & State:		Zip:	Email:
EMERGENCY CONTACT INFORMATION					
(Please share a point of contact different from the parent/guardian listed above)					
Emergency Contact Name:		Relationship:		Phone:	
Learn to Swim Level Choice – Child 1					
<input type="checkbox"/>	Parent/Child	9:15am – 9:45am	<input type="checkbox"/>	Level 2	10:00am – 11:00am
<input type="checkbox"/>	Preschool	9:15am – 9:45am	<input type="checkbox"/>	Level 3	10:00am – 11:00am
<input type="checkbox"/>	Level 1	10:00am – 10:45am	<input type="checkbox"/>	Level 4	10:00am – 11:00am
Learn to Swim Level Choice – Child 2					
<input type="checkbox"/>	Parent/Child	9:15am – 9:45am	<input type="checkbox"/>	Level 2	10:00am – 11:00am
<input type="checkbox"/>	Preschool	9:15am – 9:45am	<input type="checkbox"/>	Level 3	10:00am – 11:00am
<input type="checkbox"/>	Level 1	10:00am – 10:45am	<input type="checkbox"/>	Level 4	10:00am – 11:00am
Classes are every Saturday for 4 weeks					
I understand that there will not be make-up times for missed classes and that there are no refunds.					
Parent/Guardian Signature				Date	

OFFICE USE ONLY

Date: _____

Receipt #: _____

Method of Payment: ☐ Cash ☐ Check ☐ VISA ☐ MC ☐ AMX

Clerk Initials: _____