

**Learn-to-Swim Class Schedule: \$35.00/course**

**LESSON REGISTRATION**

**(Name, Address, Phone and Emergency Phone must be filled in)**

Parent/Guardian Name(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact & Number (Different from above in the event parents cannot be reached)

Child's Name & Age: \_\_\_\_\_

1<sup>st</sup> Choice: Session \_\_\_ Level \_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Session \_\_\_ Level \_\_\_ Time \_\_\_\_\_

Parent Tot: \_\_\_\_\_

Child's Name & Age: \_\_\_\_\_

1<sup>st</sup> Choice: Session \_\_\_ Level \_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Session \_\_\_ Level \_\_\_ Time \_\_\_\_\_

Parent Tot: \_\_\_\_\_

Child's Name & Age: \_\_\_\_\_

1<sup>st</sup> Choice: Session \_\_\_ Level \_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Session \_\_\_ Level \_\_\_ Time \_\_\_\_\_

Parent Tot: \_\_\_\_\_

Child's Name & Age: \_\_\_\_\_

1<sup>st</sup> Choice: Session \_\_\_ Level \_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: Session \_\_\_ Level \_\_\_ Time \_\_\_\_\_

Parent Tot: \_\_\_\_\_

Number of Courses: \_\_\_\_\_

Enclosed Amount: \_\_\_\_\_

**Checks Payable to Cassville Swimming Pool (Payment must be received with registration form)**

**Fee: \$35/course**

Return to: Cassville Elementary School, Attn: S. Roe

Or Mail to: Village of Cassville Municipal Building, Attn: S. Roe, 100 E Amelia St., Cassville WI 53806

By signing this form, I understand that my first lesson choice will be honored. I will receive a phone call if my second choice needs to be selected due to filled lesson times.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date