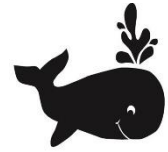


2019 SWIM LESSON REGISTRATION
(Please complete a separate form for each child)



Child's Name

Child's Birth Date

Street Address

City

State

Zip

Preferred phone number

Alternate phone number

Email address (*Families may get occasional e-mails from the Clinton Youth Foundation.*)

EMERGENCY CONTACT INFORMATION

Parent/Guardian Name

Relationship

Preferred Phone Number

Alternate Phone Number

Name of Second Emergency Contact

Relationship

Preferred Phone Number

Alternative Phone Number

MEDICAL INFORMATION

Does the participant have any medical conditions of which the instructor should be aware? (For example, asthma, seizures, diabetes, etc.) **YES:** _____ **NO:** _____

If yes, please explain: _____

LESSON OPTIONS

The Clinton Pool offers two 3-week swim lesson sessions each season. Each session consists of three 30-minute classes per week on Monday, Wednesday and Friday. Students may register for one or both sessions **Cost for members is \$40 per session per child. Cost for non-members is \$70 per session per child.**

Choose the session(s) for which you are registering and the appropriate class level. Visit our website for a placement guide (www.clintonpool.com). (Note: Instructors may recommend placement changes based on their evaluation of participant skills.)

_____ **First Session (July 1 – July 19)** _____ **Second Session (July 22 – Aug 9)**

Lessons for Children 5 and Under:

_____ Water Babies (Parent & Baby)	M/W/F 11:30 a.m. - 12:00 p.m.
_____ Tadpoles (3-5)	M/W/F 11:00 a.m. – 11:30 a.m.

Lessons for Children 5 and over:

_____ Level 1: Learn to Swim	M/W/F 10:30 a.m. - 11:00 a.m.
_____ Level 2: Learn to Swim	M/W/F 10:00 a.m. - 10:30 a.m.
_____ Level 3: Stroke Development	M/W/F 9:30 a.m. - 10:00 a.m.
_____ Level 4/5: Stroke Refinement	M/W/F 9:00 a.m. - 9:30 a.m.

Member: _____

Non-Member: _____

Total Paid: _____

Return this form with payment to:
Clinton Youth Foundation
PO Box 32, Clinton, NY 13323
Email any questions to theclintonpool@gmail.com

Office Use Only:

Assigned to Level/Class _____ Slot/Number: _____

Total Fee (Amt): _____

Paid In Full (Date): _____ Method: _____

Refund (if needed): _____

Jack Boynton Community Pool