

Registration  
Number: \_\_\_\_\_

**ROCK SPRING SWIM CLUB  
SWIM LESSON REGISTRATION 2009**

**Non-Members**

FIRST REGISTRATION \$80.00  
\$75.00 EACH ADDITIONAL

**\*The pools and playground are NOT open until 10 a.m.\***

PLEASE PRINT ALL INFORMATION

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**FIRST CHOICE (CIRCLE ONE)**

SESSION:            1      2      3      4    TIME OF CLASS \_\_\_\_\_

LEVEL:    1    2    3    4    5    6

**SECOND CHOICE (CIRCLE ONE)**

SESSION:            1      2      3      4    TIME OF CLASS \_\_\_\_\_

LEVEL:    1    2    3    4    5    6

Stroke Clinic:    8& Under            9-14

\*Every attempt will be made to accommodate your selection  
Parent consent: It is understood my son/daughter will be required to demonstrate the aquatic skills as set forth by the American Red Cross in order to proceed to the next level. Please explain any special needs which may effect your child's participation in the swim lesson program. **I have reviewed all of the enclosed information and will not hold RSSC staff responsible for scheduling conflicts or closed classes.**

**PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

OFFICE USE ONLY

Amount of fees included \_\_\_\_\_  
check # \_\_\_\_\_  
Cash # \_\_\_\_\_