

**ROCK SPRING SWIM CLUB
SWIM LESSON REGISTRATION 2009
On-Site Member Registration**

**\$60.00 FIRST REGISTRATION
\$55.00 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 # _____