Swim Lesson Registration Form

Marshay Nava	
Member Name:	
Member Number:	
**Please be aware there will be a \$90 fe	ee billed to your account for each session you register for.
Participant Name:	Age on June 24 th :
Parent/ Guardian:	
Phone Number:Emai	il:
	ions and any notices needed to be made by the teaching staff)
Emergency Contact Name:	
Emergency Contact phone number:	
Please List any medical conditions or concerns the co	coaching staff should be made aware of:
Session 1: June 29 th - July 23 rd	Session 2: July 27 th – August 20 th
Monday/ Wednesday	Monday/ Wednesday
1:00-11:45 am	6:00-6:45 pm
uesday/ Thursday	Tuesday/ Thursday
i:00- 6:45 pm	11:00- 11:45 am
*** Please Indi	icate desired time for lesson***
,	understand that neither Lancaster Country Club, nor anyon
	o the teaching staff, assumes responsibility for accidents, medical,
•	ticipating in lessons. In case of emergency illness or injury,
mergency treatment is authorized and will be com	
Signature:	
In the case of lesson cancelation: a make-up	date and time will be announced for participants