Swim by the C, SWIMMING LESSONS Registration Form
MON., FEBRUARY 22 – THURS., MARCH 11/10
SESSION 2

Please Print:
Swimmer's name: _____ Age: _____ DOB: _____
Last First

Mother's Name: _____ Father's Name: _____
Last First Last First

Home Phone: _____ Work: _____ Cell: _____
Address: (Please include your zip code)

_____

Parents, please compete by placing a check mark on the appropriate line:

My Child is very frightened of the water: _____

My Child is a beginner: _____
(Has little to no pool experience, does not comfortably place face in water.)

My Child is Intermediate: _____
(Has some pool experience, already happily places face in water, swims unassisted underwater a short distance.)

My Child is Advanced: _____
(Has a lot of pool experience, swims confidently unassisted underwater several feet.)

Parents Please Complete

I choose the 2 day a week lesson schedule: _____
I choose the 3 day a week lesson schedule: _____
I choose the 4 day a week lesson schedule: _____
My 1st, 2nd, 3rd choice to swim: Morning_____ Afternoon _____ Evening _____

FEBRUARY/MARCH SESSION SWIMMING LESSON FEES:
Swim 4 days a week: Mon thru Thurs: MBR=$145.00. NONMBR=$155.00
Swim 3 days a week: any 3 day combo: MBR=$115.00. NONMBR=$125.00
Swim 2 days a week: any 2 day combo: MBR=$75.00. NONMBR=$85.00
Annual Registration Fee:
1ST swimmer same family $5.00, 2 swimmers same family $10.00, 3 or more $20.00

Crossgates Staff Personal Please Complete In Full:
Amount Paid: _____ Today's Date: _____ Paid w/Check #: _____
Paid w/Cash-Amount: _____ Charge to Account: _____ Staff Initial: _____

When you have finished completing the front of this form in full, please turn over, carefully read the information on the back and sign. Cece will call you prior to the start of the session to confirm your swim time and days.

PLEASE MAKE CHECKS PAYABLE TO CROSSGATES FAMILY FITNESS