

# Group Swimming Lesson Form

Participant's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (H): \_\_\_\_\_

City / Zip Code: \_\_\_\_\_ / \_\_\_\_\_ Phone (W): \_\_\_\_\_

Checks Only: Payable to CFAC

REFUND POLICY: NO REFUNDS NO MAKE-UPS NO CREDITS

## Emergency Procedures:

In case of an emergency, the following person can be contacted:

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_  
Phone (W): \_\_\_\_\_  
Phone (C): \_\_\_\_\_

**\*\*\*In case of pool closure due to lightning, there are no refunds, credits or make-up classes\*\*\***

----- class(es) -----

SESSION# \_\_\_\_\_ Program Name \_\_\_\_\_

SESSION# \_\_\_\_\_ Program Name \_\_\_\_\_

SESSION# \_\_\_\_\_ Program Name \_\_\_\_\_

CHECK# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_