

Learn-to-Swim Class
LESSON REGISTRATION
(Name, Address, Phone, and Emergency Phone MUST be filled in)

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Emergency Contact Name & Number (Must be different from above in the event parent(s) cannot be reached)

Child's Name & Age: _____

1st Choice: Session: _____ Level: _____ Time: _____

2nd Choice: Session: _____ Level: _____ Time: _____

Child's Name & Age: _____

1st Choice: Session: _____ Level: _____ Time: _____

2nd Choice: Session: _____ Level: _____ Time: _____

Child's Name & Age: _____

1st Choice: Session: _____ Level: _____ Time: _____

2nd Choice: Session: _____ Level: _____ Time: _____

Total Number of Courses: _____

Amount Enclosed: _____

Please make checks payable to Cassville Swimming Pool (Payment must be received with registration form)

Fee: \$25.00/course

Return to: Cassville Elementary School, Attn: S. Roe

Or Mail To: Village of Cassville Municipal Building, Attn: S. Roe, PO Box 171, Cassville, WI 53806

By signing this form, I understand that my first lesson choice will be honored. I will receive a phone call of my second choice needs to be selected due to filled lesson times.

Parent/Guardian Signature

Date