CONRAD MUNICIPAL POOL
SWIMMING LESSON
REGISTRATION FORM

Parent Name: _____

Address: _____

City, State & Zip: _____

Phone number: _____/_____/ _____

Emergency contact phone number: _____

Student 1 Name: _____ Date of Birth: ___/___/___

Does this participant have any medical condition of which the instructor should be aware? (ie: diabetes, asthma, or suffers from seizures)?
Circle: Yes / No. If yes: explain: _____

_____

Student 2 Name: _____ Date of Birth: ___/___/___

Does this participant have any medical condition of which the instructor should be aware? (ie: diabetes, asthma, or suffers from seizures)?
Circle: Yes / No. If yes: explain: _____

_____

Student 3 Name: _____Date of Birth: ___/___/___

Does this participant have any medical condition of which the instructor should be aware? (ie: diabetes, asthma, or suffers from seizures)?
Circle: Yes / No. If yes: explain: _____

_____

☐ Session 1 June 22-25 ☐ Session 2 June 29-July 2 ☐ 10:00-10:30 AM

☐ Session 3 July 6-9 ☐ Session 4 July 13-16 ☐ 11:00-11:30 AM

Permisson:
Conrad Municipal Pool assumes no responsibility for the safety of any users of the pool or equipment or loss or damage to personal property.

Parent/Gaurdian Signature _____ Date: ___/___/____

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Paid ☐ Level assigned: _____ Level assigned: _____ Level assigned:_____