

# 2021 Learn to Swim Registration



<b>Student Information</b>					
Student/Last Name:			Student/First Name:		
Student/Street Address:			Apt./Suite No.:		City:
State:	Zip:	Age:	Date of Birth:	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Known Allergies:					
Learning Concerns:					
Have you taken American Red Cross Swim lessons before?			If yes, last level completed. Where did the lessons occur?		
<b>Parent/Guardian Information</b>					
Parent/Guardian Last Name:			Parent/Guardian First Name:		
Parent/Guardian Street Address:			City:		
State:	Zip:	Home Phone:		Cell Phone:	
Parent/Guardian Email:			Emergency Contact:		
Relationship:		E. C. Phone:		E. C. E-mail:	
<b>If transported by someone other than parent</b>					
Guardian First/Last Name:		Relationship:		Cell Phone:	

## Parent/Legal Guardian Knowledge Statement & Release of Liability

<p>I hereby give full approval and permission for my child to participate in the City of Clinton American Red Cross Learn-To- Swim program. I state that my child is healthy and physically able to participate in this program. I hereby release The City of Clinton, its servants, agents, and employees from all liability which may arise from my child's participation in any part of the Learn-To-Swim program. A Learn-To-Swim Course consists of: Eight (45) minute lessons. Summer Lessons occur Monday/Wednesday and Tuesday/Thursday during months of June and July. The cost is City of Clinton resident \$40.00. Non resident \$50.00.</p>	
Parent/Legal Guardian (PRINT)	Parent/Legal Guardian (SIGNATURE)

Choose below to indicate Lesson date and Time

----- LEVEL 1 SWIM LESSONS SEPTEMBER 7,9,14,16,21,23,28,30

----- PARENT/CHILD SWIM LESSONS OCTOBER 5,7,12,14,19,21,26,28

----- LEVEL 1 SWIM LESSONS NOVEMBER 2,4,9,11,16,18,23,30