



SAINT JOSEPH'S COLLEGE  
**LEARN~TO~SWIM PROGRAM**  
REGISTRATION FORM

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Class Level: (circle one)

Parent/Child 1

Level 3

Parent/Child 2

Level 4

Day: M T W Th F Sa Su

Preschool Level 2

Level 5

Time: \_\_\_\_\_ Dates: \_\_\_\_\_

Preschool Level 3

Level 6 ( A B C )

Level 1

Private

Level 2

Other \_\_\_\_\_

Please identify any medical, behavioral or physical conditions our staff should be aware of:

First time taking swim lessons at Saint Joseph's College? (circle one) YES NO

Parent/Guardian Name(s): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Costs: \_\_\_\_\_ Preschool classes \_\_\_\_\_ Level classes

Private Lessons \_\_\_\_\_ Other: \_\_\_\_\_

Payment Option: (circle one) •Cash •Check •Credit Card

Make checks payable to: *Saint Joseph's College*.

Visa MasterCard Discover Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Cardholder Name and Billing Address (if different from above):

The undersigned hereby releases and holds harmless Saint Joseph's College, the Aquatics Department and its employees from and against any and all suits, actions and damage arising out of, connected with or resulting from participation from this program/event sponsored by Saint Joseph's College.

Participant/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_