

**Swimming Lesson Form Summer 2011 Deposit Community Pool**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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Please list any allergies, medical conditions or special medications that the child has/is on that the life guards should be aware of: \_\_\_\_\_

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Work/Cell#** \_\_\_\_\_

Swimming Level of Child or previous swimming class ( please check one)

\_\_\_\_ Rubber Duck (11:30)    \_\_\_\_ Beginners (11:00 or 11:30)

\_\_\_\_ Advanced Beginners/Intermediates (10:30)

\_\_\_\_ Swimmers/Advanced Swimmers (10:00)

\*\*\*\*\*(Check attached for description of classes/swimming ability level)\*\*\*\*\*

Sessions: Please choose which session you would like your child to participate in by putting a "1" next to the first choice and a "2" next to the second choice and a "3" by the third.

\_\_\_\_\_ I (July 11-July 22)    \_\_\_\_\_ II (July 25 –Aug 5)    \_\_\_\_\_ III (Aug 8 – Aug 19)

If there were room in another session, would you like your child to participate in more than one session? Check Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, which one? Session II \_\_\_\_\_ Session III \_\_\_\_\_

This form is **due back** to the Village of Deposit Clerks Office by **Friday, July 1<sup>st</sup>**. A slip with the class, time and session of your child's lesson will be mailed to the address you have provided above. If you have any questions please feel free to contact

**Ashley Thomas at 607-222-8505.** See you this summer. A pool schedule is attached.