## 1-1 SWIM LESSON SIGN UP FORM

CHILDS NAME:	
AGE:EXPERI	ENCE:
PARENTS NAME:	
PHONE NUMBER:	CITY:
WHAT WOULD YOU LIKE	E TO SEE YOUR CHILD GET OUT OF THESE LESSONS?
<ul> <li>LIFEGUARD (NOT POOL</li> <li>LESSONS ARE TO BE SC MANAGEMENT.</li> <li>LIFE GUARDS MUST BE</li> <li>YOUR CHILD WILL RECI PLEASE DISCUSS WITH LESSONS.</li> </ul>	HEDULED DURING LAP SWIM TIMES ONLY. UNLESS DISCUSSED WITH  PAID \$50.00 IN CASH BEFORE 1 <sup>ST</sup> LESSON IS GIVEN.  EIVE (5) ½ HOUR SESSIONS  LIFEGUARD WHAT YOU WOULD LIKE TO SEE YOUR CHILD GET OUT OF THE MAKE COPY OF SECTION BELOW FOR PARENT
	<u>LESSON DATES AND TIMES</u>
GUA	RD INSTRUCTING LESSONS
LESSON 1	LESSON 4
DATE:	DATE:
TIME:	TIME:
LESSON 2	<u>LESSON 5</u>
DATE:	DATE:
TIME:	TIME:
<u>LESSON 3</u>	
DATE:	
TIME:	