BCAC Swimming Lessons 2010

Registration Form

Student’s Name_________________________________ Age_______

Parent’s Name__________________________________________

Work #_________________ Home or Cell #_________________

Emergency Contact_______________________________________

Level of Swimming Ability (please circle one):
FYI: Children will be tested on first day of class.

1. Beginner
2. Advanced Beginner
3. 3, 4, or 5 year old

Date of Class to be Taken______________________________

Parent’s Signature____________________Date_______