

# AQUATICS

## Aquatics Programs Registration Form

Parent's Name \_\_\_\_\_ Member No. \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ New Enrollment \_\_\_\_\_

Previous Enrollment \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Group Lessons	Birth Date	Level	Day	Time
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Name \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Name \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Name \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Private Lessons	Birth Date	Level	Day/Time	Instructor Requested
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Name \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Name \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Name \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Other	Birth Date	Level	Day
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Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

**Total** \_\_\_\_\_ **Date Billed** \_\_\_\_\_ **Staff Int.** \_\_\_\_\_