

SHARON PARKS AND REC.

SWIM LESSONS – REGISTRATION FORM ‘18

Name: _____ Age: _____

Swim Level: _____ Phone: _____

Address: _____

Parent’s Names: _____

Email: _____

Parent/Child - July 9,11,13,16,18,20 11:30- Noon _____

Session I - June 25 – July 6 _____

Session II - July 9 – July 20 _____

Session III - July 23 – Aug 3 _____

I know of no reason, physical or medical that would prevent my child from participating in swimming lessons as outlined by the Sharon Rec/Youth committee. I give my son/daughter permission to participate in swim lessons.

Parent Signature: _____