



Group Swim Lessons
Registration Form

<p>FOR FRONT DESK USE ONLY: Paid in Full Date: _____ Receipt number: _____ Received by Carver Staff: _____ (Name)</p>
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Swim Level/Classes		Monday Dates 6/10-7-15	Tuesday Dates 6/11-7-16	Thursday Dates 6/13- 7/25	Friday Dates 6/14-7/19	Maximum participants
Level 1-4	Level 1 \$150	--	<input type="checkbox"/> Level 1 5pm-5:30pm	<input type="checkbox"/> Level 1 5pm-5:30pm	<input type="checkbox"/> Level 1 5pm-5:30pm	4
		--	--	<input type="checkbox"/> Level 1 5:30pm-6pm		4
	Level 2 \$150	--	<input type="checkbox"/> Level 2 5:30pm-6pm	<input type="checkbox"/> Level 2 6pm-6:30pm	<input type="checkbox"/> Level 2 5:30pm-6pm	4
		--	--	<input type="checkbox"/> Level 2 6:30pm-7pm	--	4
	Level 3 \$160	--	<input type="checkbox"/> Level 3 6pm-6:40pm	--	<input type="checkbox"/> Level 3 6pm-6:40pm	6
Level 4 \$165	--	<input type="checkbox"/> Level 4 6:45pm-7:30pm	--	<input type="checkbox"/> Level 4 6:45pm-7:30pm	8	
Parent and Child \$140	<input type="checkbox"/> Parent and Child 4:30pm-5pm	--	--	--	8	
Adult Swim Lessons \$200	<input type="checkbox"/> Adult 5pm-6pm	--	--	--	6	
Swim Team Clinic \$200	Swim Team Clinic <input type="checkbox"/> 6pm-7pm	--	--	--	12	

Swimmers Full Name: _____ Gender: Male Female Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Cellphone number: _____

Are there any medical needs we must be aware of? Yes No

If yes, please explain:

In case of emergency please contact the following person:

Emergency Contact Name: _____

Phone Number: _____

Program Cancellation

We reserve the right to cancel any program that fail to meet minimum enrollment requirement and issue a full refund. No makeup classes will be provided if you cannot make the dates of the program for which you have registered.

The Carver Center has my permission to use photographs of myself in print or electronic promotional materials.

For more information, please call the Carver Center at (914) 305-6010 or via e-mail: gquiton@carvercenter.org