

SWIM LESSONS REGISTRATION

CHILD 3

FOR OFFICE USE ONLY

KIDTRAX ID #: _____ MEMBERSHIP #: _____ ACCESS #: _____ EXPIRY: _____

Name: _____ Date of Birth: _____ / _____ / _____
FIRST LAST DAY MONTH YEAR

Age: _____ Sex: Male Female Is your child a current member? Yes • No • If not, please fill out the last two pages.

Note: Times of classes may change or be cancelled if less than six children are registered per class. ~~ARE NOT~~ REFUNDS.

SEASON	LEVEL	DAY & TIME	FOR OFFICE USE ONLY				
			AMOUNT PAID	RECEIPT #	PAID BY	DATE	RECEIVED BY
FALL SESSION							
WINTER SESSION							
SPRING SESSION 1							
SPRING SESSION 2							
SUMMER SESSION 1							
SUMMER SESSION 2							
SUMMER SESSION 3							
SUMMER SESSION 4							

CHILD 4

FOR OFFICE USE ONLY

KIDTRAX ID #: _____ MEMBERSHIP #: _____ ACCESS #: _____ EXPIRY: _____

Name: _____ Date of Birth: _____ / _____ / _____
FIRST LAST DAY MONTH YEAR

Age: _____ Sex: Male Female Is your child a current member? Yes No • If not, please fill out the last two pages.

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