

## **CHILD GROUP SWIM LESSONS**

SESSION DATES: September 23 - October 31

MEMBER PORTAL or IN PERSON REGISTRATION: Aug. 26 – Sept. 13

Lessons are 30-minutes and held once a week for 6 weeks.

\$50 Members | \$90 Non-members

Monday	Class	Instructor
4:30 - 5:00 p.m.	Shrimp	
-	Seahorse	
5:00 - 5:30 p.m.	Starfish	
5:30 - 6:00 p.m.		
7:00 - 7:30 p.m.	Jellyfish	
		-
Tuesday	Class	Instructor
4:30 - 5:00 p.m.	Starfish	
5:00 - 5:30 p.m.	Bobbers	
5:30 - 6:00 p.m.	Jellyfish	
7:00 - 7:30 p.m.	Stingray	
7:30 - 8:00 p.m.	Dolphin/Piranha/Tiger shark	
Wednesday	Class	Instructor
4:30 - 5:00 p.m.	Starfish	
4:30 - 5:00 p.m. 5:00 - 5:30 p.m.	Starfish Seahorse	
·		
5:00 - 5:30 p.m.	Seahorse	
5:00 - 5:30 p.m. 5:30 - 6:00 p.m.	Seahorse Stingray	
5:00 - 5:30 p.m. 5:30 - 6:00 p.m. 6:00 - 6:30 p.m.	Seahorse Stingray Shrimp	
5:00 - 5:30 p.m. 5:30 - 6:00 p.m. 6:00 - 6:30 p.m.	Seahorse Stingray Shrimp	Instructor
5:00 - 5:30 p.m. 5:30 - 6:00 p.m. 6:00 - 6:30 p.m. 6:30 - 7:00 p.m.	Seahorse Stingray Shrimp Dolphin	Instructor
5:00 - 5:30 p.m. 5:30 - 6:00 p.m. 6:00 - 6:30 p.m. 6:30 - 7:00 p.m.	Seahorse Stingray Shrimp Dolphin Class	Instructor
5:00 - 5:30 p.m. 5:30 - 6:00 p.m. 6:00 - 6:30 p.m. 6:30 - 7:00 p.m. Thursday 4:30 - 5:00 p.m.	Seahorse Stingray Shrimp Dolphin Class Seahorse	Instructor



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[] Do not keep credit card on file.

Child's Name			AgeDOE	3/
CLASS		DAY	TIME	
Parent/Guardian Name				
Address		City	State	_ Zip
Phone	Email			
mergency Contact Relationship to Child				
Emergency Phone	Emergency	/ Email		
List any special needs the ins	structor should be aware of?			
risk(s) and hazards incid authorized medical treatm  2. I understand ProActive is  3. As the parent or legal gu his/her name in newslett promotional materials.  Cancellation Policy  1. Once you have registered program prior to the sess be no credit or refunds.  2. No make-up classes will	e is in normal health and capable ental to the conduct of this pronent in the event parent(s) and/or not responsible for my child past ardian of the above named personant to use identifying information of the session, ProActive begins ion beginning, you will receive crube held for unexpected closure s, whereas a doctor's note is man	ogram. I hereby give emergency contact caprogram ending times on, I hereby give ProAmation (name, photographic preparation for the second for a future session of pool, i.e. holidays,	permission to the Pinnot be reached	roActive team to l authority to print in publications or participation in the begins, there will
Parent/Guardian Signature _			Date_	<del></del>
Billing Member Name		MR#	Phone	
PAYMENT INFORMATION \$50 Member \$90 Non-mer Circle One	<u>Circle One</u>	ash Check Char	ge to Member Accou	
Expiration Date	Sec Code		ling Zip Code	
Signature				

[] Keep credit card on file for future enrollments.

Check box: