

## SWIM AMERICA REGISTRATION

Child Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Child Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Child Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, OK, Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**NUMBER YOU CAN BE REACHED ONE HOUR PRIOR TO LESSONS IN CASE OF CANCELLATIONS:** \_\_\_\_\_

*LESSONS ARE 40-45 minutes in length. June 1-July 9, 2009, M-Th*  
*SESSION PREFERENCE: -----#1---9:00- 9:45 am #2--- 9:45-10:30 am. #3--- 10:30-11:15 am.*  
*CLASS RATIO IS -----1 coach: 5 athletes or smaller.*

**PLEASE HAVE YOUR CHILD DRESSED IN APPROPRIATE SWIMWEAR.**

*Please complete and sign the following:*

As PARTICIPANT OR AS THE LEGAL GUARDIAN OF A PARTICIPANT IN THE SwimAmerica Program, I agree to hold SwimAmerica, Extreme Aquatic Team, and The University of Central Oklahoma free and harmless from any claim or expense that may arise due to participation in this program. SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Please bring your application and payment (\$80.00/8 lessons) to your child's first lesson.

Make Payable to: SwimAmerica

1905 Whipporwill Ct.  
Edmond, OK 73013

# of classes purchased: date:

#1 _____	#1 _____	#1 _____
#2 _____	#2 _____	#2 _____
#3 _____	#3 _____	#3 _____
#4 _____	#4 _____	#4 _____
#5 _____	#5 _____	#5 _____
#6 _____	#6 _____	#6 _____
#7 _____	#7 _____	#7 _____
#8 _____	#8 _____	#8 _____