

# Willoweed Swim Club



Participant Name: \_\_\_\_\_

Circle one: **Member** (\$45) **Non-Member** (\$60)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Medical Conditions (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Course is approximately ten weeks of 2 x 60-minute lessons per week

\*This may be slightly less if there is inclement weather and we are unable to make up dates

Signature of participant: \_\_\_\_\_

## For Office Use Only:

Cost: \_\_\_\_\_ Check# or Cash \_\_\_\_\_

Floatation Belt and Dumbbell # \_\_\_\_\_