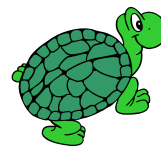


2017 Turtles Learn-To-Swim Registration

June 19-July 27



Last Name: _____ Parent/Guardian Name(s) _____

Address: _____ Cell #: _____ Home#: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

****Must be 2017 member of Wexford Leas Pool****

Please check off ONLY ONE of the 3 choices available to your swimmer:

_____ 4 Days a week Mon –Thurs; Times will be slotted between **Noon and 1:30 pm**: Cost \$100.00

_____ 2 Days a week; Times will be slotted between **Noon and 1:30 pm**: Cost \$85.00
Mon /Wed _____ or Tues/Thurs _____

_____ 3 Evenings a week Mon, Tues & Thurs evenings; Cost: \$95.00
Times will be slotted between **6:00 pm and 7:00 pm**

Please make all checks out to Wexford Leas Swim Team:

Return to: Lindsay Cunningham 10 Lavenham Court Questions? Lindsay Cunningham 704-302-5787

Swimmer Name	DOB	Child must be 3 years as of July 1, 2017 and FULLY potty trained AGE	SEX

Please answer the following questions for each child: Please check only one response.

Child Name:	Y e s	N o	M a y b e
Are they afraid of the water?			
Will they follow a verbal request?			
Can they hold their breath under water?			
Do they use freestyle arm movements?			
Do they use freestyle/side breathing?			
Do they have their band?			
Are you willing to be a parent volunteer?			

Child Name:	Y e s	N o	M a y b e
Are they afraid of the water?			
Will they follow a verbal request?			
Can they hold their breath under water?			
Do they use freestyle arm movements?			
Do they use freestyle/side breathing?			
Do they have their band?			
Are you willing to be a parent volunteer?			