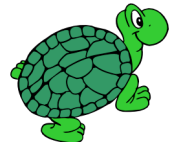


2018 Turtles Learn-To-Swim Registration

June 25-July 26



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

Address: _____ Cell #: _____ Home#: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

****Must be 2018 member of Wexford Leas Swim Club****

Times will be slotted between Noon and 1:30 pm

4 Days a week Mon –Thurs

Cost \$97.00

Credit cards or checks accepted. Make checks payable to Wexford Leas Swim Club.

Return this form to: Carolyn Gargaro 17 Tendring Rd. 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? | | | |