**Parent – Tot Swim Clinics Registration Form**

**If you miss Clinic Registration Sign-up, or come the day of the cost will be $10.**

**LAST NAME: PHONE NUMBER(S): \_\_\_\_\_\_\_\_\_\_\_\_\_ MEMBERSHIP NUMBER:\_\_\_\_\_\_**

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| **Clinic 1 May 28th @ 6:00 pm (deadline May 26th)** | **Clinic 2 June 2nd @ 12:45 (deadline May 31st)** | **Clinic 3 June 20th @6:45 am ( deadline June18th)** | **Clinic 4 July 1st @ 12:45 (deadline June 29th)** |
| **Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Child Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Child Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Clinic will be from 6:00-6:30 pm.** | **Clinic will be from 12:45-1:15.** | **Clinic will be from 6:45-7:15 am.** | **Clinic will be from 12:45-1:15.** |
| ***Parent - Tot Fees***  ***are $5 per clinic.***  ***\*\*Child must be at least 6 months old.\*\**** | ***Parent - Tot Fees***  ***are $5 per session.***  ***\*\*Child must be at least 6 months old.\*\**** | ***Parent - Tot Fees***  ***are $5 per session.***  ***\*\*Child must be at least 6 months old.\*\**** | ***Parent - Tot Fees***  ***are $5 per session.***  ***\*\*Child must be at least 6 months old.\*\**** |
| ***The purpose of our Parent-Tot clinics are to instruct ADULTS on how to engage with a novice swimmer in the water. We will instruct the basics of water adjustment, novice swimmer safety, and how to make water fun and safe for the kids. It is required that the parent/guardian of the child participate in the water with your child in order to receive the most beneficial learning experience.*** | | | |
| **- - - - - - - - - - - - - - OFFICE USE ONLY - - - - - - - - - - - - - -** | | | |
| Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTES:  Method of Payment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Check Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |