

AQSA POOL

SWIM LESSONS REGISTRATION

PLEASE PRINT LEGIBLY

Guardian's Name: _____

Street Address: _____

City: _____ Zip-code: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Child(ren)'s Name: _____

Child(ren)'s Age: _____ Gender: M F Birthday: _____

Emergency Contact: _____

Emergency Phone #: _____

Please check all that apply:

My child is scared of the water.

My child is not scared of the water.

My child can float by herself.

My child can not swim the entire length of pool.

My child can swim the entire length of the pool doing doggy paddling.

My child can swim the entire length of pool doing freestyle.

I prefer group lessons.

I prefer private lessons.

I am interested in swimming lessons during the month of Ramadan.

I confirm that all of the above info is correct to the best of my ability.

Guardian's Signature: _____ Date: _____