

SCSC SWIM LESSON REGISTRATION 2007

Please make separate application per child. MINIMUM AGE IS 4, unless prior approval is obtained.

Check for \$40/session, payable to South Carroll Swim Club, is required to complete application. Mail completed form and payment to SCSC Swim Lessons, PO Box 1183, Sykesville MD 21784 OR turn in form and payment at the guard house during regular pool hours. (Pool opens May 27th.)

Parent's Name _____ SCSC Bond Number _____

Phone () _____

Child's Name _____ Age _____

Please place a check next to the session and time requested:

Session I June 18 - 29

11:00 – 11:30 _____

11:30 – 12:00 _____

Session II July 2 - 13

(no class July 4)

11:00 – 11:30 _____

11:30 – 12:00 _____

6:00 – 6:30 p.m. _____

6:30 – 7:00 p.m. _____

Session III July 16 - 27

(no class July 25)

11:00 – 11:30 _____

11:30 – 12:00 _____

ALL LEVELS REQUIRE INDEPENDENCE FROM PARENTS. Please help us place your child in the most appropriate group by checking all that apply and providing any other information you feel will be helpful.

___ My child was in SCSC Lessons last year.

Please place in: Guppies Minnows Goldfish Seals Dolphins

___ My child was not in SCSC Lessons last year.

These characteristics best describe my child

Non-swimmer _____

Ability to place head underwater _____

Front float _____

Back Float _____

Front/back float and kick _____

Crawl arm stroke, no breathing _____

Crawl arm stroke w/breathing _____

Crawl (freestyle) and backstroke _____

Advanced swimmer _____

Other information _____

Your child will be placed according to their skill level and will be moved to another level, determined by the instructor and coordinator, whenever appropriate. Please provide us with an email address _____.
You will ONLY be contacted if there is a problem with your registration.

OFFICE USE ONLY

Child _____ of _____

Parent's Name _____

SCSC Bond # _____

Date Paid _____

Received by _____

Amount Paid _____

Check # _____