Date: _____

Last Name: _____ **Parents Name**: _____

Students Name: _____ Birthday: _____
Students Name: _____ Birthday: _____
Students Name: _____ Birthday: _____
Students Name: _____ Birthday: _____

Address: _____ City: _____ ZIP: _____

Mothers Information
Home Phone: _____
Cell Phone: _____

Fathers Information
Home Phone: _____
Cell Phone: _____

Email Address: _____ **Email Address**: _____

Contact in case of a **last minute pool** closure: _____
How did you hear about us? _____

Date Canceled	Expires	PC/Cot/B	Make-up Date	Time	Instructor

Name: