



2016 Swim Lesson Registration

Please Circle One: Oak Ridge North Residents/ Non-Resident

Parent's Name: _____

Swimmer's Name: _____ Age: ____

Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please Circle Which Session and Class You Would Like to Register for:

Session 1 (August 8th-September 2nd)

Session 2 (September 5th- September 30th)

Pre-school: 3-5 years' old:

- Monday/Wednesday: 6:00-6:45 pm
- Tuesday/Thursday: 6:00-6:45pm

School-aged: 6-12 years' old:

- Monday/Wednesday: 6:00-6:45 pm
- Tuesday/Thursday: 6:00-6:45pm

Private Lessons or Semi-Private Lessons

(Please list a few times that work for you!)

Signature: _____ Date: _____

For office use:

Date: _____ Amount Paid: _____ Cash Check Credit

Staff Initials: _____ Pool Pass Number: _____