Swimming Lesson Form Summer 2022

Deposit Community Pool

Child's Name:	Age:	<u>—</u>
Mailing Address:		
Please list any allergies, medica has/is on that the lifeguards sh	al conditions or special medications t nould be aware of:	
Previous Swimming Lesson Cla	ass:	
Parent/Guardian Signature:	Da	ate:
Print Name:		
Home Phone:	Work/Cell#	
Swimming Level of Child (plea	ise check one):	
	Beginners(11:00 or 11:30) ntermediates (10:30)	
Swimmers/Advanced S	Swimmers (10:00)	
Sessions: Please choose which ses a "1" next to the first choice and a "	ssion you would like your child to particip "2" next to the second choice.	
	(July 25-July-Aug 5)III (Aug 8-Au	
If there were room in another sessionsession?? Check YES or N	on, would you like your child to participate NO If yes – Session II Session	in another
This form is due back to	Village of Deposit, 61 Front St by Friday, J	uly 1st.

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NO EXCEPTIONS!!

A slip with the class and session will be mailed to the address you have provided above. If you have any questions please feel free to call Danica Reis @845/745-6638.