



2017 SWIMMING REGISTRATION FORM

Swimming Registration Dates:
Tuesday, May 30th & Thursday, June 1st from 6:00 to 8:00 PM
Lucknow & District Pool

**** Pool Staff will be available to answer any questions ****

PERSONAL INFORMATION

Last Name _____ First Name _____

Birthday (dd/mm/yyyy) _____ Telephone # _____

Home Address _____

Parents Names _____ Email: _____

Emergency Contact info; _____

Health Issues/Concerns _____

Red Cross SWIM LEVELS

Level 1 ___ \$60.00 Level 2 ___ \$60.00 Level 3 ___ \$60.00 Level 4 ___ \$60.00
Level 5 ___ \$60.00 Level 6 ___ \$70.00 Level 7 ___ \$70.00 Level 8 ___ \$70.00
Level 9 ___ \$70.00 Level 10 ___ \$70.00 Family Rate: \$165.00 Private Lessons: Original Price + \$20.00 ___

Red Cross SWIM ANIMALS

Starfish ___ \$30.00 Duck ___ \$30.00 Sea Turtle ___ \$30.00 Sea Otter ___ \$30.00
Salamander ___ \$30.00 Sunfish ___ \$30.00 Crocodile ___ \$30.00 Whale ___ \$30.00

Public Swimming Season Passes: ___ \$70 Single ___ \$120 Double ___ \$170 Family
(Does not include specialty classes or lessons) * Family pass is only immediate family members (Parents and Children)

SESSION 1 June 12 to June 23 ___ ** After School Program

SESSION 2 July 10 to July 21 ___

SESSION 3 August 14 to August 25 ___

** Private lessons are also available for an additional \$20.00.

OTHER PROGRAMS

Aqua Fit Season Pass ___ \$80.00
Aqua Fit 10 Pass ___ \$50.00
Lane Swim Season Pass ___ \$80.00
Lane Swim 10 Pass ___ \$50.00
Advanced Aqua Fit Season Pass ___ \$80.00
Advanced Aqua Fit 10 Pass ___ \$50.00

Lucknow Recreation Department refund policy:

No refunds will be given once a course has started. If registered participant cancels within 48 hrs prior to the first lesson of the program, a refund less \$ 20.00 administration fee will be given. If the course is cancelled by the Lucknow Recreation Department, a full refund will be given.

Consent:

This consent recognizes that all reasonable precautions will be taken to prevent accidents or injuries. Permission is given to allow supervisors or team management to seek emergency medical treatment.

Approvals:

I hereby give permission for my child to participate in THE LUCKNOW SWIM PROGRAM for the current season.

Photo Release:

I authorize the use of any photo taken while participating in the above program.

_____ Date

_____ Signature of Parent/ Guardian