

**LEARN TO SWIM PROGRAM APPLICATION**

**PARTICIPANT:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed in 2010: \_\_\_\_\_

Have you taken Red Cross Swim Lessons before? \_\_\_\_\_

If yes, last level completed: \_\_\_\_\_

**EMERGENCY CONTACT:**

Parent/Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Does the participant have any medical conditions the instructor should be aware of? (For example diabetic or suffers from seizures) Circle one: YES or NO

If yes, please explain: \_\_\_\_\_

IN THE EVENT THAT AN EMERGENCY ARISES DRUING A SWIM LESSON, AN EFFORT WILL BE MADE TO CONTACT THE PARENTS OR GUARDIANS AS SOON AS POSSIBLE. PERMISSION IS ALSO GRANTED TO THE WATER SAFETY INSTRUCTOR TO PROVIDE THE NEEDED EMEERGENCY TREATMENT TO THE SWIMMER PRIOR TO HIS/HER ADMISSION TO THE MEDICAL FACILITIES.

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SIGNATURE OF PARENT OR GUARDIAN

DATE

For Instructor Use Only:

PAID: \_\_\_\_\_ Circle one: CASH or CHECK(# ) SESSION: \_\_\_\_\_ LEVEL: \_\_\_\_\_