

Linnea's Pool REGISTRATION

Child's Name: _____ Previous Level of Completion _____

Age: _____ Grade: _____ (next fall) Name of School: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Person: _____

Emergency Phone Number: _____

Choice	Session #	Class Name	Class Time
1st			
2nd			
3rd			

Please select a 2nd and 3rd choice incase your 1st choice is already full. After you have completed your first session please see your instructor to register you for an additional session if space allows.

Waiver

As parent and/or guardian , I herby release the Wilson Community Enhancement Charity, Inc., its agents, representatives, employees and officers from any and all personal injury incurred at the Wilson Community Pool and/or its surrounding areas as a result of my child's participation in said program.

Signature:

Date: