

I would like to register my child for (please check)

- Group Lessons - \$55.00 (8 lessons) Min. 3 students/class required; Max 6 students/class
- Semi-Private Lessons - \$150.00 (8 lessons) 2 students/class
- Private Lessons - \$110.00 (8 lessons)

I would like to register my child for (please check):

- Session 1: June 14, 2010 to June 24, 2010
- Session 2: June 28, 2010 to July 8, 2010
- Session 3: July 12, 2010 to July 22, 2010
- Session 4: To Be Determined

Group Lessons: 8 classes over 2 weeks. Classes are held Monday-Thursday with Friday's being make-up for bad weather. Classes are only cancelled if there is thunder and lightning or extreme cold with temperatures under 65 degrees Fahrenheit.

Group Swim Lesson Times are scheduled prior to the swimming facilities daily opening time. A member of the Columbus Pool Management staff will contact you about the swim lesson times.

Semi-Private and Private Lesson Times can be scheduled any time during the day.

- If you are interested in Semi-Private or Private Lessons what time would you prefer to schedule these lessons? _____
- How many lessons are you wanting to schedule? _____

Please mail Swim Lesson Registration Form and Swim Lesson Payment to:
Columbus Pool Management
8185 Green Meadows Dr. N Suite T
Lewis Center, OH 43035

Office Use Only:	
Pool Location: _____	
Group Lessons	
Patron contacted? Yes or No	Initials: _____
Session: _____	Time: _____
	Level: _____
Private Lessons	
Patron contacted? Yes or No	Initials: _____
Dates: _____	Time: _____
Swim Instructor Assigned? Yes or No	Name: _____
Swim Instructor Contacted? Yes or No	Initials: _____
Payment Received? Yes or No	Payment: _____ Check # or _____ Cash Amt.



COLUMBUS POOL MANAGEMENT



POOL MANAGEMENT, INC.

SWIM LESSON REGISTRATION FORM

(MINIMUM 3 STUDENTS/CLASS REQUIRED)

Parents Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Father's Cell: _____ Mother's Cell: _____

Child's Name: _____

Child's Birthdate: _____ Child's Age: _____

Has your child been in swim lessons before? Yes or No

If yes, how long has your child been in swim lessons? _____

If yes, what level did your child reach in swim lessons? _____

Please give a brief description of your child's swimming abilities:

Based on the Swim Lesson Brochure, what level would you place your child in swim lessons?

Medical Information and Emergency Contact

Does the Child have any allergies or illnesses? Yes or No

If yes, what are the allergies or illnesses? _____

Emergency Contact: _____ Relation: _____

Phone Number: _____ Work Number: _____

Turn Over