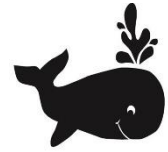


**2019 SWIM LESSON REGISTRATION**  
(Please complete a separate form for each child)



\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Birth Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Preferred phone number

\_\_\_\_\_  
Alternate phone number

\_\_\_\_\_  
Email address (*Families may get occasional e-mails from the Clinton Youth Foundation.*)

**EMERGENCY CONTACT INFORMATION**

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

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Name of Second Emergency Contact

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Alternative Phone Number

**MEDICAL INFORMATION**

Does the participant have any medical conditions of which the instructor should be aware? (For example, asthma, seizures, diabetes, etc.) **YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### LESSON OPTIONS

The Clinton Pool offers two 3-week swim lesson sessions each season. Each session consists of three 30-minute classes per week on Monday, Wednesday and Friday. Students may register for one or both sessions **Cost for members is \$40 per session per child. Cost for non-members is \$70 per session per child.**

Choose the session(s) for which you are registering and the appropriate class level. Visit our website for a placement guide ([www.clintonpool.com](http://www.clintonpool.com)). (Note: Instructors may recommend placement changes based on their evaluation of participant skills.)

\_\_\_\_\_ **First Session (July 1 – July 19)**    \_\_\_\_\_ **Second Session (July 22 – Aug 9)**

*Lessons for Children 5 and Under:*

_____ Water Babies (Parent & Baby)	M/W/F 11:30 a.m. - 12:00 p.m.
_____ Tadpoles (3-5)	M/W/F 11:00 a.m. – 11:30 a.m.

*Lessons for Children 5 and over:*

_____ Level 1: Learn to Swim	M/W/F 10:30 a.m. - 11:00 a.m.
_____ Level 2: Learn to Swim	M/W/F 10:00 a.m. - 10:30 a.m.
_____ Level 3: Stroke Development	M/W/F 9:30 a.m. - 10:00 a.m.
_____ Level 4/5: Stroke Refinement	M/W/F 9:00 a.m. - 9:30 a.m.

**Member:** \_\_\_\_\_

**Non-Member:** \_\_\_\_\_

**Total Paid:** \_\_\_\_\_

Return this form with payment to:  
Clinton Youth Foundation  
PO Box 32, Clinton, NY 13323  
Email any questions to [theclintonpool@gmail.com](mailto:theclintonpool@gmail.com)

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Office Use Only:

Assigned to Level/Class \_\_\_\_\_ Slot/Number: \_\_\_\_\_

Total Fee (Amt): \_\_\_\_\_

Paid In Full (Date): \_\_\_\_\_ Method: \_\_\_\_\_

Refund (if needed): \_\_\_\_\_

# Jack Boynton Community Pool