

BROOKS SCHOOL COMMUNITY SWIM LESSONS REGISTRATION FORM - 2018

Please use one form per student per class. Don't Miss Out. Sign Up Today!
July 7th-August 11th, 2018 ~ Saturday Mornings ~ 30-Minute Classes

Please return form and payment to:

Brooks School Summer Programs, 1160 Great Pond Rd., North Andover, MA 01845.

Make Checks Payable to: Brooks School

Student Name: _____

Parent/Guardian Name: _____ Telephone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Emergency contact name and number: _____

Please check box for the class time you are registering:

- _____ We are Brooks School Swim and Tennis Club Members.
Enclosed is a check for \$85.00
- _____ We are nonmembers but would like to enroll.
Enclosed is a check for \$100.00

SATURDAY	10:00	10:30	11:00	11:30
Preschool				
Level 1				
Level 2				
Level 3				
Level 4				

I agree to abide and make sure my child follows the pools rules at all times. I also understand that my child's instructor is only responsible for his/her safety during their swim lesson. It is my responsibility to supervise them at all other times.

Parent/Guardian Signature: _____ Date: _____

Please share with us anything we should know about your child's previous swimming experience?

Are there any medical or behavioral conditions that we need to be aware of?

Office Use Only:

Method of payment Check # _____ Amount \$ _____ Date received: _____