



School Board Lesson Registration

Students Full Name: _____ Age _____

Phone #: _____ Teacher: _____ Grade: _____

Has your child taken **Lifesaving Society** Swimming Lessons before? YES or NO

What is the last level that your child has participated in with Lifesaving? _____

Did they complete this Lifesaving level? _____

OR

Has your child taken **Red Cross** Swimming Lessons before? YES or NO

What is the last level that your child has participated in with Red Cross? _____

Did they complete this Red Cross level? _____

If available, please present child's swim card with this completed form

Comments _____

Does your child have any medical conditions that the instructor/lifeguards should be aware of? _____

Parent/Guardian Contact information: Name: _____

Phone Number: _____

Signature: _____

Date: _____

Please Note:

- **Please attach your child's last Swimming Lesson Progress report to this form.**
- **We will refer to our Swim Lesson Data Base if you do not submit a progress report.**
- **Children will be screened on the first day of lessons to ensure appropriate placement to child's swimming ability.**