Sussex Academy Aquatic Center Swim Lesson Form

Please complete this form and return with payment.

Participant Name: _____

Participant Birthdate: _____/_____/_____

Parent/Guardian Name(s): _____

Address: _____ City: _____ ZIP: _____

Phone Number: _____-_____-_____ Home / Cell / Work (circle one)

Phone Number: _____-_____-_____ Home / Cell / Work (circle one)

Email Address: _____

Aquatic Center Membership #: _____

Class (circle one)

Mommy/Daddy & Me Level I Level II Level III

Level IV Level V Adult/Teen Beginner

Session: _____ Date/Time: _____

* The Sussex Academy Aquatic Center reserves the right to cancel any classes with less than 3 participants. Instructors do not offer makeup classes for absences.

STAFF ONLY

Payment Type: _____ Date: _____ Cash Amount: _____

Check Amount: _____ Check #: _____

Credit Card: _____ Exp. Date: _____ Code: _____

Accepted by: _____

Staff Signature: _____