



# NBTC SWIM LESSONS 2019 REGISTRATION FORM

please print clearly

STUDENT'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

please circle one DAUGHTER SON GRANDDAUGHTER GRANDSON NON-MEMBER AGE \_\_\_\_\_

MEMBER'S NAME \_\_\_\_\_ CLUB # \_\_\_\_\_

NON-MEMBER'S NAME \_\_\_\_\_ CHECK # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

PARENT'S E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

If semi-private or group, please list the name(s) of the other student(s). The student(s) should be of similar ability. They also need to turn-in a registration form unless from the same family.

STUDENT'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STUDENT'S FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

**please CIRCLE the TYPE, DAYS & TIMES you are interested in:  
Swim Instructor will contact you to schedule.**

PRIVATE-1 lesson

PRIVATE-4 lessons

PRIVATE-8 lessons

SEMI-PRIVATE-1 lesson

SEMI-PRIVATE-4 lessons

SEMI-PRIVATE-8 lessons

GROUPON-1 lesson

GROUPON-4 lessons

GROUPON-8 lessons

**MON TUE WED THU FRI SAT**

**12:00 12:30 1:00 1:30 2:00 2:30 3:00 3:30 4:00 5:00 5:30 6:00**

I have read and agree with the fee schedule & cancellation policy.

\_\_\_\_\_  
Member/Guest Signature Date Club # Date Confirmed

Contact us at [NBTC.swim@gmail.com](mailto:NBTC.swim@gmail.com) or Coach Milan @ 562•400•2521

**For office use only: Dates, Days & Times scheduled –**

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