



School Board Lesson Registration

Students Full Name: _____ Age _____

Phone #: _____ Teacher: _____ Grade: _____

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

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

Did they pass this level (Badge or sticker attained)? _____

If it was not Red Cross Swimming lessons which program was it? _____

If available please present child's swim card at the beginning of the lesson set.

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.**