

CITY OF MEDFORD SWIMMING LESSON REGISTRATION

Student's Name _____ Address _____

Session _____ Class Level _____ Class Time _____

Parent's Name (Please Print) _____

Parent's Signature _____ Date _____

Email Address (required) _____

Total Amount Enclosed \$ _____ **Make checks payable to: *City of Medford***

For the continued safety of all patrons of the Medford Pool, we would appreciate your cooperation by filling out this emergency contact information for all members of your family. Thank you!

Child(ren) _____

Mother _____ (H/C/W) _____

Father _____ (H/C/W) _____

In case of an emergency, someone else to contact if parents are unavailable.

Name _____ (H/C/W) _____

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