Last Name:	
------------	--

ne:		Age:	_
Level Completed:	Medical Conditions:		
ent/Guardian's Name:		Phone Number:	
idence (Please Circle): Rimbey / P	onoka County / Lacombe Cou	inty / Other	
			e pool. Please be aware that there
lic access to the pool and whirlpo			
ing areas. If you are not staying a Alternate Phone Number:		iming lesson, is there an alte	rnate number that you can be rea
Alternate Frione Number.			
sons Registered (Please	Circle):		
	<u> </u>	1	
Session 1 - July 4-8	Session 2 – July 11-15	Session 3 – July 18-22	
Sea Otter	Sea Otter	Sea Otter	Sea Otter
Croc/Whale	Sunfish	Croc/Whale	Sunfish
Sunfish	Salamander	Sunfish	Salamander
Salamander	Sea Turtle	Salamander	Sea Turtle
SK1	SK1	SK1	SK1
SK2	SK 1	SK2	SK 2
SK3	SK 2	SK3	SK 2
SK 4	SK 3	SK 4	SK 3
SK 5/6	SK 4	SK 5/6	SK 4
Private	SK 5/6	Private	SK 5/6
Private	SK 7/8/9/10	Private	SK 7/8/9/10
Private	Private	Private	Private
**** Y 0	our child's spot in the cla	ss is not secure until	paid****
# Of Classes Registered	Level	Cost	Total
	Preschool	\$35.00	
	Levels 1-4	\$45.00	
	Levels 5-10	\$55.00	
	Private – 1 child	\$25.00/30 mins.	
	Semi-Private	\$20.00/30 mins.	
	Note: 2 children Maximum	Each Child	
<u> </u>	Must be only one level lessor	i difference between child	ren
signing below, I acknowledge t	nat i nave read and understa	nd the admission requirer	nents for this facility and have
lained them to my child.			
nature:	Day	te:	
iature.	Da	.e	
sons may be cancelled a minimum	of 48 hours in advance if regist	tration is insufficient or if ther	e is an unforeseen circumstance i
Id prohibit us from having lessons			
•	•		
	— · — · — · — · — ·		
Office Use			
eipt #	Date Entered:		Initials:
	I 10to Entorodi		IDITIOICI

O Class Canceled (Reason: __