

Hilltoppers Swim Club

Swim Lesson Registration- 2022

Please complete the form below and attach payment. Pre-registration is required. To ensure the safety of our participants and staff, we will consider late registrations based on class size and staffing availability

Mail completed form and payment payable to: Hilltoppers Swim Club: PO Box 343, Dupo, IL 62239 or drop off at the pool. Please make checks payable to: Hilltoppers Swim Club

Payments MUST be received for Session 1: June 8th

Payments MUST be received for Session 2: July 6th

(If mailing registration, please ensure delivery prior to the deadline date.)

Lessons: Eight lessons per session are offered from 11:10 am – 11:50 am.

*** Please note the dates carefully below.

SELECT THE SESSION

Registration deadline for Session 1 Is June 8th.

_____ 1st Session: June 13, 14, 15, 16 and 20, 21, 22, 23 (rain date Fridays)

Registration deadline for Session 2 Is July 6th.

_____ 2nd Session: July 11, 12, 13 14 and 18, 19, 20, 21 (rain date Fridays)

Advanced and Private Lessons: If you are interested in private lessons and costs, please contact hilltoppersswim@gmail.com. Private sessions are based on Instructor and pool availability.

Skill Level of Swimmer: Beginner 1 2 3 4 5 Advanced (swim team)

Last Skill Level if participant was in prior swim lessons: _____

Fee: Lessons: \$64 for Members and \$80 for Non-Members. *Payment must be received before participation.*

Swimmer's Name: _____

Address (if you are with a day care, please indicate name): _____

Phone #: _____ Sex: M/F Date of Birth: __/__/__ Age: _____

Parent(s)/Guardian(s) name: _____ Work Phone #: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

I hereby certify that my child is in normal health and capable of safe participation in the Hilltoppers Swim Lesson program. I assume all risk(s) and hazards incidental to the conduct of this program. I hereby authorize Hilltoppers to obtain medical treatment for my child in the event that a parent or the emergency contact cannot be reached.

Signature of Parent/Guardian

Date

Office Use Only: Date: _____ Amt Paid: _____ Check #: _____ Cash: _____