

# Kiel High School Pool Swimming Lesson Registration

1) Student's Name	_____	D.O.B.	_____	Swim Level	_____
2) Student's Name	_____	D.O.B.	_____	Swim Level	_____
3) Student's Name	_____	D.O.B.	_____	Swim Level	_____
4) Student's Name	_____	D.O.B.	_____	Swim Level	_____

Address:

Desired Class Time

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip

Parent Email (in case of inclement weather, etc.)

\_\_\_\_\_

\_\_\_\_\_

Please identify any specific health or learning needs so that we can ensure your child has a fun and safe experience during swimming lessons: \_\_\_\_\_