

Florence Municipal Pool Swim Lesson Registration Form

One form per participant

Participant Name/ Age:	
Parent/Guardian Name:	
Address:	
Phone Number:	

Sessions & Time Slot (Please circle one): Swimming Ability (Please circle one):

June 10, 2024 - June 21, 2024	Non-swimmer
July 8, 2024 - July 19, 2024	Beginner
July 22, 2024 - August 2, 2024	Intermediate
9:15AM OR 10:30AM	Advanced

<p>Non-swimmer: Will put face in water Is comfortable in water w/flotation Is comfortable in water w/o flotation Can float on their back w/support Can float on their back w/o support Can blow bubbles</p>	<p style="text-align: right;">Beginner: Can float on their front w/support Can float on their front w/o support Can go underwater Jump into water Can demonstrate breaststroke Can demonstrate front crawl Can demonstrate elementary backstroke</p>
<p>Intermediate: Can tread water for 3 minutes Can dive Can demonstrate survival float Can proficiently swim 25 yards Can demonstrate breaststroke Can demonstrate sidestroke Can demonstrate dolphin kick</p>	<p style="text-align: right;">Advanced: Can surface dive Can tread water for 10 minutes Can demo flip turn Can proficiently swim 25 yards Can proficiently swim 10 yards w/ Butterfly stroke</p>

Does your child have any of the following (Please circle any applicable):

Asthma Diabetes Anxiety Allergies Epilepsy Tubes in ears Other	Please explain:
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Fear of swimming? (please explain):

Registration fee received (make checks payable to City of Florence):

Cash: _____ Check: _____ Date: _____

Payments are non-refundable Contact initial: _____

Parent/Guardian Signature: _____

Date: _____

INTERNAL PROCESSING

Employee Signature: _____

Date accepted/received: _____ Amount: _____

Notes: