

# Helen Stevens Memorial Pool Lessons Registration Form

Parent/Guardian Name		Cell		Email		Date
Address		City		Zip		
Emergency Contact if Parent is Unavailable		Relation to Child		Cell		
	<b>Session 1</b> June 13-17	<b>Session 2</b> June 20-24	<b>Session 3</b> June 27- July 1	<b>Session 4</b> July 11-15	<b>Session 5</b> July 18-22	<b>Session 6</b> July 25-29
<b>Child's Name</b>	<b>Age</b>	Level Time	Level Time	Level Time	Level Time	Level Time
		Level Time	Level Time	Level Time	Level Time	Level Time
		Level Time	Level Time	Level Time	Level Time	Level Time
		Level Time	Level Time	Level Time	Level Time	Level Time
<b>Total Cost</b>						
<b>Check #/Cash</b>						
<b>Date Paid</b>						

**Do you give permission to the Village of Cass City to use photos of your child/children for program promotion and the Village website? Please circle one: Yes OR No**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date