

CITY OF PORT HUENEME LEARN TO SWIM REGISTRATION

Parent & Child (Ages 6 months-4 y/o) Swimming Level 1 (Ages 3-5 y/o)

Swimming Level 2 (Ages 4-6 y/o)

PARTICIPANT'S INFORMATION – ONE CHILD PER FORM

Last Name: _____ First Name: _____

Address: _____ City _____ Zip _____

Date of Birth: ____/____/____ Age: ____

HISTORY OF MEDICAL PROBLEMS/MEDICATIONS: _____

Explain: _____

PARENT / GUARDIAN INFORMATION

Parent: _____

Parent: _____

Email: _____

Email: _____

Work: () _____

Work: () _____

Cell: () _____

Cell: () _____

EMERGENCY CONTACT

Name: _____ Phone # _____

Name: _____ Phone # _____



Check Box to Request Scholarship
Bring completed forms to 550 Park Ave.
Space is limited

Cost: \$56.00 per child
\$ _____

Make checks payable to CITY OF PORT HUENEME - TOTAL ENCLOSED \$ _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Residency Verified by _____	CASH	CHECK # _____	TOTAL PAID \$ _____
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	CASH	CHECK # _____	TOTAL PAID \$ _____
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