

TODAY'S DATE & TIME: _____

SWIM LESSON REGISTRATION FORM

Thank you for choosing TriHealth Fitness & Health Pavilion for your aquatic classes. We look forward to serving you this session and many more to come. Please fill out the information below neatly. Once completed, please return this form to the Pavilion. You will then be added to our rosters, credit card or house charge issued and receive a receipt as proof of enrollment. *We will no longer accept registrations over the phone for swim lessons.* PLEASE PRINT NEATLY.

Participant's Name: _____ **Date of Birth:** _____

Address: _____

City, State, Zip _____ **Phone #:** _____

Parent/Guardian's Name: _____

Email Address: _____

TriHealth Fitness & Health Pavilion Member _____ **YES or NO?**

VISA MASTERCARD DISCOVER AMERICAN EXPRESS HOUSE CHARGE

Card Number: _____

Expiration Date: _____ **Code:** _____

Name on Card: _____

Signature of Card Holder to approve charge: _____

SWIM LESSON SESSION #: _____

Please circle one: **AQUABABIES PRESCHOOL SCHOOL AGE ADULT**

1ST CHOICE Day & Time: _____

2nd CHOICE Day & Time: _____