



# Swimming Lessons Registration

## For Youth (Ages 5-18)

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian's Name (if under 18) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Number of Lessons**                      10 Lessons                     

**IMPORTANT:** We maintain a strict 24-hour cancellation policy. For full policy details, please visit Member Services at [bc.edu/rec](http://bc.edu/rec).

How many sessions per week would you like lessons? \_\_\_\_\_

Swim Instructor preference?     Male                       Female                       No Preference

Preferred Instructor's names (up to 3 choices) \_\_\_\_\_

\_\_\_\_\_

What dates, if any, will you be unable to attend swim lessons? \_\_\_\_\_

What is your American Red Cross swimming level (if known)? \_\_\_\_\_

In the table below, please specify when you are available for lessons by writing the available times for each day (ex. 3-5pm). List three available blocks of time for each day you are available. If possible, please provide times for multiple days.

Day	Dates	Times	First Choice Lesson Time	Second Choice Lesson Time	Third Choice Lesson Time
Monday	1/29 - 4/29	5pm-8pm			
Wednesday	2/31 - 4/24	5pm-8pm			
Saturday	2/3 - 5/4	2pm-5pm			
Sunday	2/4 - 5/5	5pm-8pm			

Please email completed form to [mcrcaquatics@bc.edu](mailto:mcrcaquatics@bc.edu)