South Haven High School

‘Community Time’

600 Elkenburg Street, South Haven, MI 49090

**2020 Spring Swim Lessons**

Email: pool@shps.org

Child 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (next yr)

Child 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (next yr)

Child 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (next yr)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Parent and Child Aquatics Level 1 & 2 (6mon - 3yrs) $55 ***4:15 - 5pm***

[ ] Preschool Aquatics Level 1 - 3 (4 & 5 yrs) $55 ***4:15 - 5pm***

[ ] Learn-to-Swim Level 1 - 5 (6+ yrs) $55 ***5:15 - 6:15pm***

**1 Week Session:** Monday - Friday

Spring Session 1: March 23 – 27

Spring Session 2: April 20 – 24

Spring Session 3: May 11 – 15

Minimum 12 Swimmers/Maximum 18 Swimmers

I, the undersigned, give my permission for the above named to participate in the Swim Lesson Program. The participant will be automatically enrolled upon payment and I understand that I will not be contacted unless there is a conflict. Full refunds will be given if I contact the South Haven High School Community Pool before the program begins. *No refunds or credit given for missed classes.*

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

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Cash [ ] Check # \_\_\_\_\_\_\_\_ payable to SHPS