



Swim Lessons Registration

MAKE CLASS CHECK PAYABLE TO: Belle Fourche Rec Center

Child's NAME:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DATE OF BIRTH

PHONE#:

CELL PHONE#:

EMAIL:

Does Your Child Have any Disabilities? If so Explain

Allergies

SIGNATURE:

Date:

PARENT/GUARDIAN SIGNATURE (UNDER 18):

Date:

EMERGENCY CONTACT INFORMATION

CONTACT NAME(S):

PHONE#:

SECONDARY PHONE#:

RELATIONSHIP:

Swim Level:

Session #:

Time:

Amount Paid:

CSR initials:

For more information, contact Nyssa @ 892-2467 or Nyssa@bellefourche.org
PLEASE FILL OUT LIABILITY WAIVER ON THE BACK OF THIS FORM!