



City of Brenham Blue Bell Aquatic Center SUMMER SWIM LESSONS

**\$25.00
PLUS
Pool Pass**

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: M or F

Parent/Gaurdian(s) Name(s): _____

Address: _____
Street City State Zip

Phone Numbers: Home: _____ Work: _____ Cell: _____

Emergency Contact Information: _____

Circle 1 session & 1 time slot			
Session I	Session II	Session III	Session IV
June 7th - 17th	June 21st - July 1st	July 12th - 22nd	July 26th - 29th
9:00 - 9:45AM	9:00 - 9:45AM	9:00 - 9:45AM	9:00 - 10:30AM
10:00 - 10:45AM	10:00 - 10:45AM	10:00 - 10:45AM	
5:45 - 6:30PM	5:45 - 6:30PM	5:45 - 6:30PM	5:45 - 7:15PM

Classes will be held MONDAY through THURSDAY.

Has your child ever attended swim lessons at the Aquatic Center before? YES or NO _____

If yes, please indicate the last level your child has completed. Level: _____

Please read and sign the following:

I hereby acknowledge that this information is true and correct. I recognize that my child and I are participating at our own risk, and neither the City of Brenham Blue Bell Aquatic Center nor its affiliates carry insurance to cover me. Insurance is the responsibility of the individual participant. This registration verifies that my own, as well as my child's and family's health and fitness are acceptable to participate in the Parks and Recreation Program and I do not hold the City of Brenham Blue Bell Aquatic Center or its employees accountable or responsible for accident or injury.

Parent signature

Date

For BBAC use only: Payment Received _____ Date _____ Enrolled in class _____

