



# MIFFLINBURG COMMUNITY POOL

## Summer Swim Lessons Registration Form

1<sup>st</sup> session – July 11 to July 22, 2022

or

2<sup>nd</sup> session – July 25 to August 5, 2022

Level 1-6

11:00 AM – 11:45 AM

11:45 AM – 12:30 PM

Minimum age for Level 1 is 6 years old or the completion of kindergarten

Parents **are not** allowed within the fenced area during lessons.

You may watch from outside of the fenced area.

All Checks/Money Orders should be made Payable to the Borough of Mifflinburg

Resident of Mifflinburg School District:  YES or  NO

Date: \_\_\_/\_\_\_/\_\_\_

Swimmer's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_  
*First Last*

Swimmer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Class Level Requested: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Please check preferred method for emergency contact.*

Cell: (\_\_\_\_) \_\_\_\_\_  Work Phone: (\_\_\_\_) \_\_\_\_\_  E-mail: \_\_\_\_\_  
*All communications will be sent to the Primary Contact listed on the Membership Form.*

Secondary Contact Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Please check preferred method for emergency contact.*

Cell: (\_\_\_\_) \_\_\_\_\_  Work Phone: (\_\_\_\_) \_\_\_\_\_  E-mail: \_\_\_\_\_

Does your child have any special needs the instructors should be aware of?  YES or  NO

I understand my child will participate in the Summer Swim Lessons under qualified supervision.  
I hereby give my consent for the above named child to participate in the Summer Swim Lessons directed by  
the Borough of Mifflinburg.

My child will be attending: (*circle your choice*)  
2 Timeslots each Session: (*circle your choice*)

**Session 1**                      **Session 2**  
11:00 AM to 11:45 AM   or   11:45 AM to 12:30 PM

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

\_\_\_\_\_  
Date

**For Mifflinburg Pool Staff Use Only:**

Session: \_\_\_\_\_ Level: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Signature                      Date