



MIFFLINBURG COMMUNITY POOL

Summer Swim Lessons Registration Form

1st session – July 8 to July 19, 2024

or

2nd session – July 22 to Aug 2, 2024

Level 1-4

10:00 AM – 10:45 AM

11:00 AM – 11:45 AM

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

\$75.00

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)*

Session 1

Session 2

2 Timeslots each Session: *(circle your choice)*

10:00 AM to 10:45 AM or 11:00 AM to 11:45 AM

Parent/Guardian Signature

Date

For Mifflinburg Pool Staff Use Only:

Session: _____ Level: _____

Approved By: _____
Signature Date