

Oak Lawn Swim Lessons

Summer 2019 Summer Registration Form: \$60 per swimmer

Parent Guardian Name: _____

Address: _____
(Street) (City, State) (Zip Code)

Phone: _____

List Name and Ages of Children:

1) Name _____ Age: _____

2) Name _____ Age: _____

3) Name _____ Age: _____

Circle Choice of Time and Session

Session #1 (June 10-June 20)
Monday-Thursday 9:00-9:40
Monday-Thursday 10:00-10:40

Session #2 (June 24-July 5th) (No July 4 Class)
OR Monday-Thursday 9:00-9:40
Monday-Thursday 10:00-10:40

I will not hold District 229 or any of its employees responsible for any injuries.

Make Checks Payable to: Oak Lawn Swim Program (with current phone number on checks)

Signature of Parent/Guardian

Date