



## Western Wisconsin Health Fitness Center/Therapeutic Pool Swimming Lesson Information Sheet

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Parent's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_  
 Relation \_\_\_\_\_ Phone \_\_\_\_\_

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Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
 Class Desired: (circle one)  
 Parent/Child     Preschool 1     Preschool 2     Preschool 3     Learn to Swim 1     Learn to Swim 2  
 Day/Time of class desired: (see current class schedule) \_\_\_\_\_

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Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
 Class Desired: (circle one)  
 Parent/Child     Preschool 1     Preschool 2     Preschool 3     Learn to Swim 1     Learn to Swim 2  
 Day/Time of class desired: (see current class schedule) \_\_\_\_\_

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Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
 Class Desired: (circle one)  
 Parent/Child     Preschool 1     Preschool 2     Preschool 3     Learn to Swim 1     Learn to Swim 2  
 Day/Time of class desired: (see current class schedule) \_\_\_\_\_

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**PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO THE WESTERN WISCONSIN HEALTH FITNESS CENTER TO SECURE CLASS REGISTRATION.**