

**JACOBS AQUATIC CENTER
LEARN TO SWIM PROGRAM
305-453-7946**

CHILD'S NAME: _____ **DATE:** _____

CHILD'S AGE and DOB: _____ **SEX(M/F):** _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

EMAIL ADDRESS: _____

MOTHER'S NAME: _____ **CELL#:** _____

FATHER'S NAME: _____ **CELL#:** _____

EMERGENCY CONTACT: _____ **CELL#:** _____

DESCRIPTION OF SWIMMING ABILITY:

COST: \$125.00 FOR 4 X ½ HR SWIM LESSONS

PAYMENT METHOD: VS/MC: _____ **CHECK#:** _____ **CASH:** _____

SOLD BY: _____

***BY SIGNING THIS APPLICATION YOU CANNOT HOLD JACOBS AQUATIC CENTER
LIABLE FOR ANY INJURIES THAT MIGHT TAKE PLACE DURING LESSONS:***

SIGNATURE OF APPLICANT: _____

*Our Instructors do there best to be here,please do the same,if canceling reservation MUST be canceled **24hrs** before lesson or it will count as **1 lesson** on the records*

#1st Lesson #2nd Lesson #3rd Lesson #4 Lesson