

Tabor College Swim Team
Swim Lesson Registration

Parent/Guardian Name: _____

Address: _____

Phone Number: ____/____/____ Text (Y/N): ____

Email: _____

Swimmer: _____ Age: ____

Grade: ____ School: _____

Swimmer: _____ Age: ____

Grade: ____ School: _____

Swimmer: _____ Age: ____

Grade: ____ School: _____

Are there any medical conditions (such as asthma) the instructors should be aware of concerning your child/children? Please explain:
