



Swim Lesson Registration Form Mirror Lake

Participant's Name: _____

Participant's Date of birth _____

Parent/Guardian Name: _____

Email address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

In case of emergency when a parent can not be reached:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Has your child participated in Red Cross Swim Lessons in the Past? YES NO

If yes, what was the last level completed?

1 2 3 4 5

Do you have any special concerns? What is your child's demeanor in the water? _____

PRIVATE LESSON

GROUP LESSON

Circle one

Session _____

Level _____

Time _____

In signing this document, I hereby certify that _____ is in good health. I agree to indemnify and hold harmless Mirror Lake

Management and its employees from any and all liability for injury or illnesses arising from my child's participation in swimming lessons. I also hereby authorize Mirror Lake Staff for any necessary medical treatment.

Signature of Parent/Guardian: _____ Date: _____

Please make checks payable to "Mirror Lake Management." Full payment is required one week prior to the start of the session.

Send Registration Form To:
Mirror Lake
P.O. Box 2235
Acton, MA 01720
Telephone Number: 978-928-0090