

**Water Safety Patrol Swimming Lesson Registration Form**  
Please PRINT clearly

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
(if participant is under 18 years old)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address (Please Print): \_\_\_\_\_

Program Desired:     Twice Per Week                       Once Per Week

**Level of Lesson Desired:**

- |  |   |
|--|---|
| <input type="checkbox"/> Parent/Toddler (min. age 1) | <input type="checkbox"/> Intermediate                     |
| <input type="checkbox"/> Beginner 1 (min. age 3)     | <input type="checkbox"/> Swimmer                          |
| <input type="checkbox"/> Beginner 2                  | <input type="checkbox"/> Advanced Swimmer                 |
| <input type="checkbox"/> Beginner 3                  | <input type="checkbox"/> Water Masters (min. age 11)      |
| <input type="checkbox"/> Advanced Beginner           | <input type="checkbox"/> Lifeguard Training (min. age 15) |

**Location of Lesson Desired:**

- |  |   |
|--|---|
| <input type="checkbox"/> Lake Geneva (Riviera) | <input type="checkbox"/> Knollwood  |
| <input type="checkbox"/> Williams Bay          | <input type="checkbox"/> Buena Vista  |
| <input type="checkbox"/> Fontana               | <input type="checkbox"/> Linn Pier                      ___ L.G. Beach Assoc. |

**Signature Required:**

I (the undersigned) authorize the above named individual (the participant) to participate in the Geneva Lake Water Safety Patrol Swimming Lesson Program. I assume all risks and hold harmless the Geneva Lake Water Safety Patrol and all of its instructors and employees in the event of an accident or injury.

Signature of parent or authorized adult: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only (do not write in this box)
Level: _____ Days: _____
Lesson Time: _____ Location: _____
Instructor: _____