



Swimming Lessons Registration

For Youth (Ages 5-18)

Participant Name _____ DOB _____

Parent/Guardian's Name (if under 18) _____

Phone _____ Email _____

Number of Lessons 10 Lessons 9 Lessons

IMPORTANT: We maintain a strict 24-hour cancellation policy. For full policy details, please visit Member Services at bc.edu/rec.

How many sessions per week would you like lessons? _____

Swim Instructor preference? Male Female No Preference

Preferred Instructor's names (up to 3 choices) _____

What dates, if any, will you be unable to attend swim lessons? _____

What is your American Red Cross swimming level (if known)? _____

In the table below, please specify when you are available for lessons by writing the available times for each day (ex. 3-5pm). List three available blocks of time for each day you are available. If possible, please provide times for multiple days.

Day	Dates	Times	First Choice Lesson Time	Second Choice Lesson Time	Third Choice Lesson Time
Monday	9/16-12/02	5pm-8pm			
Wednesday	9/18-11/20	5pm-8pm			
Sunday	9/15- 12/08	5pm-8pm			

Please email completed form to mcrcaquatics@bc.edu

