

# Swim Lesson Request Form 2025

Camper: \_\_\_\_\_

Gender: \_\_\_\_\_ Age as of June 1, 2025 \_\_\_\_\_ Birthdate: \_\_\_\_\_

Returning Camper? Yes \_\_\_\_\_ No \_\_\_\_\_ Camp Group \_\_\_\_\_

Current School Attending: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Parent 1/Guardian (please circle) Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work phone \_\_\_\_\_

Parent 2/Guardian (please circle) Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency contact: (Name) \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Phone: \_\_\_\_\_