

Swim Lesson Request Form 2026

Camper: _____

Gender: _____ Age as of June 1, 2026 _____ 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: _____