

**Registration Form (Please Complete)**

Payment of Check or Money Order Preferred  
Payable to "Bensalem Township School District"

**\*\*Please put your phone number on your check\*\***

**IMPORTANT: IF YOUR CHILD HAS A MEDICAL OR PHOBIC PROBLEM THAT WOULD PREVENT HIM/HER FROM SAFELY PARTICIPATING IN A STRENUOUS PHYSICAL WATER PROGRAM – A DOCTOR AND PARENTAL CONSENT IS NEEDED.**

*Please Note: There will be a \$15 charge for all returned checks. Refunds can only be given within first week of a session. After first week, no refunds will be given.*

Courses will be filled on a first come/ first registered basis. Once a class has been filled, it will be closed. There are no early or mail-in registrations.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

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

Proof of passing previous level      Yes \_\_\_\_\_      No \_\_\_\_\_

Course Level \_\_\_\_\_

Time: 9AM (Adults)\_\_\_\_\_ 10AM \_\_\_\_\_ 11AM \_\_\_\_\_ 12PM \_\_\_\_\_

6PM (M/W)\_\_\_\_\_ 7PM (M/W)\_\_\_\_\_ 6PM (T/TH)\_\_\_\_\_ 6:45PM (T/TH)\_\_\_\_\_

Amount Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Registrar \_\_\_\_\_

I \_\_\_\_\_

PLEASE PRINT

(parent/guardian) acknowledge

that my child has no medical or phobic problem that would prevent him/her from successfully participating in Bensalem's Aquatics Program.

\_\_\_\_\_  
PLEASE SIGN

**Lesson Fees**

	Resident	Non-Resident
Weeknight Swim Lessons	\$100	\$105
Saturday Lessons	\$80	\$85