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: 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

Weeknight Swim Lessons	$100