

NAME OF PARTICIPANT: _____

DATE: _____

Email: _____

Phone: _____

Name of UK Affiliate (student, faculty, staff, or none): _____

UK ID#: _____

Age of participant: _____

Parent Contact (if participant is a minor): _____

Beginner or Intermediate?: _____

Brief description of the swimming skills you would like to develop listed from website:

Lesson List Session requested (level, dates, times): _____

For Lessons please circle the class you would like to participate in:

Enclosed SIGNED [Waiver Form](#) (must have to participate on first day): _____

I have enclosed a check payable to University of Kentucky. Please enroll me in swim lessons.