



Rim of the World Recreation and Park District

P.O. Box 8 - 26577 State Highway 18
Rimforest, California 92378
(909) 337-PARK
Fax: (909) 336-5239
www.rim-rec.org

Registration form for 2008 Swim Lessons

Date: _____

Participant's Name: _____ Age: _____ Home Phone _____

Mailing Address PO Box _____ City _____ Zip Code _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Email Address: _____ @ _____

Boy () Girl ()

Previous Swim Experience

___ Adult & Me ___ Pre-Beginner ___ Beginner ___ Advanced Beginner

___ Intermediate ___ Swimmer

Session # _____ Class Level _____ Time _____

Physician/Medical Group _____ Phone _____

Medications _____ Medical Problems _____

Emergency Contact _____ Phone _____

I have read and completed the registration form and waiver. I understand there are no refunds after June 13, 2008. Refunds due to injury require a note from a physician.

Signature: _____

Please complete front & back of form

FOR OFFICE USE ONLY

Paid Amount: \$ _____ Type: Cash () Check () _____ Credit Card () Approval # _____

Receipt or Invoice # _____ Date: _____ Received by: _____