

Swim Training Registration



Adult/Parent/Guardian Name: _____
Address: _____
City/State/Zip: _____ **Email** _____
Address: _____
Home Phone: _____ **Work Phone:** _____
TTR Member: Yes No

Participant 1

Name: _____
Birthdate: _____ **Gender: M F**
Class Day(s): _____
Class Time(s): _____
Class Month(s): _____

Staff Use:
Class Name/Skill Level: _____
Dates: _____

Participant 2

Name: _____
Birthdate: _____ **Gender: M F**
Class Day(s): _____
Class Time(s): _____
Class Month(s): _____

Staff Use:
Class Name/Skill Level: _____
Dates: _____



SESSIONS CURRENTLY OFFERED:

January 16th- February 22nd

Once per week:	Twice per week:
Evenings:	
Monday or Wednesday	Monday & Wednesday
5:30-6-15 pm	6:15-6:45 or 6:50-7:20 pm



Staff Use:

SQ & Waiver	
Type of Payment	
Session Dates:	

To receive the member rate for programs, you must have a Family Membership.

Must have 4 Clients (swimmers) per training to have class. Discounts available for consecutive sessions. These are Introductory Rates. All participants must complete a Swim Questionnaire and Waiver.

THE TRAINING ROOM 709 RIVARD STREET SOMERSET, WI 54025
 715-247-5770