## **VAN BUREN SWIM INSTRUCTION**

CHILD'S NAME: _						AGE:
ADDRESS:			CITY:	s	STATE	_ZIP
PHONE NUMBER	R - DAY:		EVENING:			
		PLEASE CIRCLE YO	OUR CHOICE OF CL	_ASS		
SESSION I June 16-June 27, 2025			SESSION II June 30-July 11, 2025			
8:45–9:25am.	No morning le	essons/evening only	8:45–9:25am.	LEV. 1,	LEV. 2,	LEV. 6 (1 hr.)
9:25-10:05am.	No morning le	essons/evening only	9:25–10:05am.	LEV. 1,	LEV. 3,	(LEV. 6)
10:05-10:45am.	No morning le	essons/evening only	10:05–10:45am.	LEV. 1,	LEV. 2,	LEV. 4
10:45–11:25am.	No morning le	essons/evening only	10:45–11:25am.	Turtle Te	ots, LE\	/. 3, LEV. 5
given up until the the first two! If yo office before you NO refunds given, cover the costs of class fees will be finecessary.  I AM AWARE OF CHILD IS IN GOO AS A PART OF THE ARISING OUT OF THE ARISING O	third class of a pour child is not verturn home the for any reason running a class fully refunded.  THE INHERENT DD PHYSICAL HIS PROGRAM PARTICIPATION FOR THE INHERENT PARTICIPATION FOR THE MY CHILD FOR THE PARTICIPATION	CONDITION. I UND	S BEGUN, regardle rogram at the end of a refund! Once the a self-sustaining bad. If a class is cance serves the right to converse th	the second the second third class sis; enough lled due to cancel or cancel or cancel or cancel ACTIVITIE O MEDICA VAN BUR	ther the conditions of the con	child has attended ease stop by our RTED, there will be must register to at enrollment, then classes if
FEE:	RE	CEIPT NUMBER:		DAT	E:	
RE	SIDENT	_ (\$60.00)	NON-RESIDE	NT	_ (\$65.00	0)