

# Oakwood Swim Lessons Summer 2011

**Family Information:**

Parent's Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_ Zip code \_\_\_\_\_  
 Mother Cell Phone \_\_\_\_\_ Mother Work Phone \_\_\_\_\_  
 Father Cell Phone \_\_\_\_\_ Father Work Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Children's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_ Insurance \_\_\_\_\_  
 Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

\* Make Checks payable to: OSRC

- Turn in forms at registration or mail forms to:

Oakwood SRC  
 560 Perin Road  
 Mobile, AL 36691

For questions please call Gloria Stewart at 205-239-8844(cell) or 661-1922 (club)

Child's Name	Date of Birth	Age	Health Considerations	Member Swim Lessons \$85/Child	Non-Member Swim Lessons \$105/Child	Private Swim Lessons \$125/Child	Total Due
Experience: _____							
Experience: _____							
Experience: _____							
Experience: _____							

**Please mark the session time you prefer. Children will be grouped by ability and we will contact you if we need to shift your child to another time slot to match abilities or if a session is full. No lessons on Tuesday's. Dates are subject to change.**

- Session 1 June 1-10
- Session 2 June 13-24
- Session 3 June 27-July 8
- Session 4 July 11-July 22

\*\*Session 4 will have 2 make-up days  
 due to City Meet

10:00-10:30 \_\_\_\_\_ 10:30 -11:00 \_\_\_\_\_

11:00-11:30 \_\_\_\_\_ 5:00-5:30 \_\_\_\_\_

5:30-6:00 \_\_\_\_\_

TOTAL PAID  
 Check # \_\_\_\_\_

I hereby give my permission for my Child(ren)

\_\_\_\_\_ to participate in activities at Oakwood Swim & Racquet Club, Inc. during the 2011 season. I will assume the responsibility of any medical treatment that he/she might need if any injury occurs while participating in swimming, diving, or other activities. Furthermore, I herewith release the Oakwood Swim & Racquet Club, Inc., its servants and agents from all responsibility for injury resulting from such activities.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Prior Swim Experience

In an attempt to match your swimmer's level with that of other swimmers in his/her group, please fill out the information below. This will be given to the coaches prior to the beginning of lessons.

Swimmers name \_\_\_\_\_ Age \_\_\_\_\_

- |  |                  |
|--|------------------|
| My child separates easily from me.           | Yes_____ No_____ |
| My child puts his/her face in the water.     | Yes_____ No_____ |
| My child is able to float on his/her back.   | Yes_____ No_____ |
| My child can "doggie" paddle.                | Yes_____ No_____ |
| My child can kick while on his/her stomach.  | Yes_____ No_____ |
| My child will jump off the side of the pool. | Yes_____ No_____ |
| My child will dive off the side of the pool. | Yes_____ No_____ |
| My child can do "freestyle" stroke.          | Yes_____ No_____ |