



REGISTRATION FOR SWIM LESSONS - JACKSON POOL
ONE APPLICATION PER STUDENT REQUIRED

Parent Information:

Parent/Guardian Name(s): _____

Address: _____ City _____ ZIP _____

Phone Number: _____ Phone Number (2): _____

Email for Confirmation of Session: _____

Additional Contact Information (if any): _____

Student Information:

Student Name _____ Student Age: _____

*Please note: If your first or second choice swim session is not available, you will be contacted by pool staff to select another option. Lifeguards are also granted discretion to move your child into a different level class at any time based upon their assessment of your child's swim ability & safety.

First Choice:

Second Choice:

Session _____

Session _____

Class _____

Class _____

Time _____

Time _____

Requested Instructor for Private Lessons (if known): _____

Please mail or deliver to: City of Jackson, 33 Broadway, Jackson, CA 95642
**INCLUDE CHECK PAYABLE TO "CITY OF JACKSON" FOR THE
AMOUNT INDICATED IN THE BROCHURE.**