

Different Strokes Swim School

BACKYARD LESSONS

Print this page, then fill in and mail with payment to Different Strokes Swim School, PO Box 601, Bedford, Texas 76095. All participants are also required to sign a liability release form before lessons begin.

Student's Name: _____

Student Gender (Circle): Male or Female Date of Birth: _____

Parent's Name: _____

E-mail _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Name of Subdivision you live in:

Do you own your own pool? (Circle Choice) Yes No

Home Phone: (____) _____

Work Phone: (____) _____

Emergency Contact Person- Name and Phone Number:

Preferred Doctor: _____ Phone Number: _____

Water Comfort Level of Student:

Previous Swim Lessons (Circle Choice): Yes No

Previous Swim Lessons were at: _____

Student's Skill Level: _____

How did you hear about us? _____

Session Preferred (Circle Choice): 1 2 3

Time Preferred (Circle Choice): Morning Afternoon Evening

Type of lesson preferred (Circle Choice): Group Semi-private Private