



**American
Red Cross**

Greater Hanover Chapter

529 Carlisle Street
Hanover, PA 17331
717-637-3768
717-637-3294 fax
www.hanoverredcross.org

2010 Learn-to-Swim Program Registration

Please Print (all information is for internal use only and is not distributed or shared outside the organization)

Participant: _____ Nickname: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Age: _____

Last Grade Completed in School (June 2010): _____ Any Fear of Water? No Yes

Highest Completed LTS Level (if known) _____ Other swimming instruction, experiences: _____

Parent/Guardian Information

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Cell: _____ Office: _____

In case of an emergency, please contact: Same as above:

Name: _____ Relationship: _____

Phone: _____ Cell: _____ Office: _____

To provide the best possible experience for your child, please list any medical or learning concerns that an instructor should be aware of:

In the event that the above named class participant is ill or injured while at the pool, I understand that the Greater Hanover Red Cross will attempt to contact me, the parent, or named emergency contact individual at the telephone numbers provided. In the event that myself or others listed are not available, I give my permission to the caregiver to provide immediate first aid for the child named above and to take the appropriate measures, including contacting the emergency medical service system and arranging for transportation to the nearest medical facility if necessary. The participant assumes all risks and hazards related to participation in the Learn-to-Swim Program.

Signature: _____

I give permission for my child to be photographed. Pictures may be used by the Red Cross or media for publication purposes only.

Signature: _____

If you need more information or have questions, please call the Greater Hanover Red Cross at 717-637-3768, or through email at toomeyb@hanoverredcross.org. Please note, additional forms are located on our website: www.hanoverredcross.org

Office Use Only	Registered for :	<input type="checkbox"/> Preschool Aquatics	<input type="checkbox"/> Learn-to-Swim
Registration Level: _____	<input type="checkbox"/> R Week of: _____	Class Time: _____	
Payment Amount: \$ _____	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card -Type: _____		
Completed By: _____	Date of Registration: _____		