



**Danvers Community YMCA**  
**Swimming Lessons**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Membership Exp. Date \_\_\_\_\_

Session 1

Session 4

Session 2

Other

Session 3

Any special condition that our staff should watch for?  
\_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

(Circle One)

Tiny Tot      Pre-school \_\_\_\_\_

Polliwog      Guppy

Minnow      Fish

Flying Fish      Shark

Porpoise

Other \_\_\_\_\_