



BAY VIEW ASSOCIATION OF THE UNITED METHODIST CHURCH

Child's Name _____ Age: _____

Circle the swim lesson level your child attended last summer:

1 2 2B 3 4 5 6 not sure First Summer

Circle the swim lesson level the child will be attending:

1 2 2B 3 4 5 6 not sure

Your contact information:

Emergency Contact:

Name _____

Name _____

Cell phone _____

Cell phone _____

The following information is important for the swimming and lifeguarding staff to have in case of an emergency. This information will remain confidential and will only be shared with those who are responsible for the safety and wellbeing of your child.

Please list any medical conditions or allergies your child has:

Does your child have any special needs that we should know of when conducting swim lessons? If so, please list:

Is there any other information you would like us to know about your child that will help us to better teach your child fundamentals of water safety and swimming?

A NATIONAL HISTORIC LANDMARK - FOUNDED IN 1875

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