

Harding Aquatics Program

Participant's Name _____ Age _____

Participant's Name _____ Age _____

Participant's Name _____ Age _____

Parent's Name(s) _____

E-mail: _____

Cell Phone: _____ 2nd Phone: _____

Mailing Address: _____

City _____ Zip _____

Registration

- Check one:
- Mom & Me
 - Beginner/Intermediate Lessons
 - Advanced Lessons
 - Private Lessons (Contact Dr. Yingling to set up)
 - CATS
 - Lifeguard/CPR training (Contact Dr. Yingling)

Date of Session: _____

Time of Session: _____

**Include payment with registration except for private lessons and lifeguard/CPR training.*

***Your registration will enroll the participant in the selected session and time unless you are notified that the session and time is full.*

For questions contact J. D. Yingling at jdyingling@harding.edu