

# 2017 WGC Swim Class Enrollment Form

*Please return with \$10 deposit per child, per swim session.*

Swimmer's Name \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Class:**     Starfish     Dolphin     Porpoise     Shark

**Session date:**

Session #1 May 30-June 2     Session #2 June 5-15     Session #3 June 19-29

Session #4 July 10-20     Session #5 July 24-27

**Class time:**

\_\_\_\_\_

Have you been with us before?     yes     no

Wichita Gymnastics Club  
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