



The Club at Killlearn Lakes

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Swim Lesson Application

Parent's Name: _____

Email Address: _____

Address: _____

Phone Number: _____

Child(ren)'s Names & Ages: _____

Week of Lesson (M-F)

Choice 1: _____

Choice 2: _____

Choice 3: _____

Time of Lesson Preferred

Morning Afternoon

Club Member

Yes No

I have read and agree to the Policies and Procedures for Swim Lessons and I further agree to hold the Club at Killlearn Lakes and its employees, agents, and representatives harmless from any liability.

Parent's Signature/Date