Ms. Sue’s Swimming

Student Application

(One per student per session)

Student name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult name if PAC

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical (if Pertinent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check student’s & parents temperature before each class due to Covid. Thank you

Session \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I thru IX

Time \_\_\_\_\_\_\_\_\_\_\_\_ Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 Easy Steps

1.One application per student per Session

2.Fill out release form and sign

3.Enclose a check for $80 to Sue Opincar (Not Ms. Sue’s )

And mail to:

Sue Opincar, W.S.I.

7857 S. Lamar Rd.

Smyrna, TN 37167

Cashed Check # \_\_\_\_\_\_\_\_\_\_ for $\_\_\_\_\_\_\_\_ is your **receipt** and your **confirmation** of your student’s class. No credit cards. We do not call to confirm. Please make a note on your calendar for your class.

**(No refunds without a 2 week notice)**

5 Dollar Coupon

Good for your 3rd child enrolled in 2023

Coupon must accompany **3** applications.