



*Building the B.E.S.T. Community, Inc.  
Pass Christian DeLisle Community Center  
Summer Swim Lessons*

Please complete the application and attached information.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Level of Swim Skills - Beginner, Intermediate, Advanced: \_\_\_\_\_

What day and time may best fit your schedule: Mondays / Thursdays 9:00 a.m. - 11:00 a.m. \_\_\_\_\_  
Wednesdays / Fridays 6:30 p.m. - 8:30 p.m. \_\_\_\_\_

30-minute Lessons: Individual Lesson \$30 \_\_\_\_\_ Full Swim Lesson - \$60 incl 4-Lessons \_\_\_\_\_

Does your child have any special needs that we need to be aware? \_\_\_\_\_

Once application is completed, and payment is confirmed, you will be contacted for scheduling.

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**Acknowledgement**

I acknowledge that my child \_\_\_\_\_ has my permission to receive swim skills training at the Pass Christian DeLisle / Marsha Barbour Community Center.

I also agree to indemnify and hold harmless the Pass Christian DeLisle / Marsha Barbour Community Center, Building the BEST Community, its agents, employees and volunteers, as well as all participating Camp sponsors, partners, and participants from any and all such losses, expenses, damages, demands, and claims; shall defend any suits or actions brought against any of them, based on any such alleged injury or damage; and shall pay all damages, costs, and demand, including attorney fees in connection therewith, or resulting there from.

\_\_\_\_\_  
Parent or Guardian Name Printed

\_\_\_\_\_  
Parent or Guardian Signature

Date: \_\_\_\_\_

“Helping children BUILD confidence”