

USCG BASE SAN JUAN
MWR DEPARTMENT



U.S. COAST GUARD RIO BAYAMON HOUSING
MWR AQUATIC PROGRAM ENROLLMENT

Student Name: _____ Age: _____

Parent Name: _____

Phone (home): _____ (work) _____ (cell) _____

E-mail Address: _____

Mailing address: _____

Contact in case of emergency:

Name: _____ Relationship _____

Address: _____

Phone (home) _____ (work) _____ (cell) _____

Previous swim class experience: _____

Please indicate last class or level you or your child accomplished: _____

Please indicate what you expect to achieve with this class: _____

Please indicate any medical problems to have in consideration: _____

I understand there is monthly fee of \$50.00 USCG (ad/Civilian) or \$65.00 (other than CG) due on or before the 5th of the month (8 classes).

Payments are made to MWR fund at the MWR office from 7:00 am - 3:00 pm.

No Refunds will be given for class no taken.

A completed Registration Form and Hold Harmless Agreement Form must be on file at MWR before program starts.