



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

AQUATICS CLASS CHANGE FORM

DATE OF REQUEST: _____

CHILD'S NAME: _____

CURRENT CLASS ENROLLED IN: _____

DAY: _____

TIME: _____

REQUESTED CLASS: _____

DAY: _____

TIME: _____

This form must be completed and signed prior to change being processed. Requested class can only be processed if slot is available and approved by Aquatics Director. Any adjusted fees will be charged to your credit card on file at time of processing unless otherwise requested.

Parent Signature: _____ Date: _____

FOR STAFF USE ONLY:

Aquatic Director's Signature: _____ Date: _____

Processed Date: _____

Adjusted Fee: _____

DAG 1/2019

