



Frog Falls Aquatic Programming Registration Form:

PROGRAM NAME: _____

Session: _____

Today's Date: _____

Name: _____ DOB _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Amount Due*: _____ CASH or CHECK (made out to **IMWRF**) CREDIT (Visa/MC)

Completed Registrations are to be brought to FROG FALLS

