Town of Hoosick Community Pool Learn-to-Swim Program
2017 Registration

Participant Information

Participant Name:_____ Birth Date:_____ Sex:_____
First Last

Street Address: _____

City: _____ State: _____ Zip:_____

Telephone:_____ Mobile:_____

E-mail Address: _____

Emergency Information

Parent/Guardian Name:_____

Secondary Emergency Contact:_____

Telephone:_____ Mobile:_____ Relationship:_____

Medical Information

Does the participant have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures.) Circle one: Yes No

If yes, please explain:

_____

Course Information

Course Name	Course Time	Sessions 2 weeks each
Level 1	10 AM – 10:30 AM	
	11 AM – 11:30 AM	**Session 1 – July 10, 2017 – July 21, 2017** All Booked up 2017
	12 PM – 12:30 PM	
Level 2	10:30 AM – 11:00 AM	
	11:30 AM – 12:00 PM	
	12:30 PM – 1:00 PM	**Session 2 – July 24, 2017 - August 4, 2017**
Level 3	10:00 AM – 10:45 AM	
	11:30 AM – 12:15 PM	
Level 4	10:45 AM – 11:30 AM	
	12:15 PM – 1:00 PM	**Session 3 – August 7, 2017- August 18, 2017**
Level 5	11:30 AM – 12:15 PM	
Level 6	12:15 PM – 1:00 PM	

Choice of Level:_____ **Time:**_____

*Please note: In accordance with our policy, children under ten years of age should not be left unsupervised.

Signature:_____ Date:_____

Parent or guardian signature required for all participants under 18 years of age

_____ bus _____ drive

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