

# Town Of Carroll Open Swim Form 2017-18

This form is **Optional**. Either pay in advance or pay at the door.

Extra forms are available at [www.townofcarroll.org](http://www.townofcarroll.org)

## Family members

Participant name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Participant name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Participant name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_ Other form of contact (optional) \_\_\_\_\_

## Emergency Contact other than parent/guardian

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

## Payment for all open swims Sept-June

### Town of Carroll Residents

1 Person \$20

1 Family of 6 or more \$50

### Out of District

1 Person \$70

1 Family of 6 or more \$150

### Tuition Student

1 Student \$50

1 Family of 6 or more \$100

Please circle one price above.

Payable by cash check or money order, please make checks payable to Town of Carroll

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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I \_\_\_\_\_ paid \$ \_\_\_\_\_ with **cash, check, or money order** on date \_\_\_\_\_  
Please circle one form of payment

I \_\_\_\_\_ received this payment on date \_\_\_\_\_. \_\_\_\_\_  
Print name Signature

Town Of Carroll  
5 West Main St., P.O. Box 497  
Frewsburg, NY 14738