

Town of Carroll Swim Lessons Form

Extra forms are available at www.carrollny.org

Sign-ups at the Town Hall

December 8th 3-4pm, December 9th 10-12pm

Session starts **January 6th**

Parent/Guardian name _____ **Child must be at least 3 yrs**

Participant name _____ Age _____

Participant name _____ Age _____

Participant name _____ Age _____

Participant name _____ Age _____

Address _____

Phone _____ e-mail _____ Other form of contact(optional) _____

Emergency Contact #1 _____ Phone _____ Relation _____

Emergency Contact #2 _____ Phone _____ Relation _____

Medical Information

Does the participant have any medical conditions the instructor should be aware of? (example: Allergies, diabetic, seizures, or other) If no, please ignore. If yes, please elaborate below

Lesson Information

New or returning student _____ Last level completed _____ Swims with/without floaties _____

Fee information (Cash, check, or money order) Please make all checks payable to **Town Of Carroll**.
\$25 per child, no more than \$50 per family.

Parent/Guardian signature _____ Date _____

Payment received by _____

I _____ paid with **cash, check, or money order** on date: _____
Please circle one form of payment above

Payment received by _____

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