Town of Hoosick Community Pool Learn-to-Swim Program
2015 Registration Form

Participant Information

Participant Name: _____ Birth Date: _____ Sex_____
First Last

Street Address: _____ Home Phone: _____

City: _____State:_____ Zip:_____ Mobile Phone: _____

Emergency Information

Parent/Guardian Name: _____ Home Phone: _____

Mobile Phone: _____

Secondary Emergency Contact: _____ Home Phone: _____

Relationship:_____ Mobile Phone: _____

Medical Information

Does the participant have any medical condition the instructor should be aware of? (For example: diabetic, suffers from seizures, etc.) Circle One: YES NO

If yes, please explain: _____

Course Information

Course Name	Course Time	Sessions (Please Circle) *You may only register for one session at a time*
Level 1	10:00 am – 10:30 am	**Session 1: July 6th – July 17th**
	11:00 am – 11:30 am	
	12:00 pm – 12:30 pm	
Level 2	10:30 am – 11:00 am	
	11:30 am – 12:00 pm	**Session 2: July 20th – July 31st**
	12:30 pm – 1:00 pm	
Level 3	10:00 am – 10:45 am	
	11:30 am – 12:15 pm	
Level 4	10:45 am – 11:30 am	**Session 3: August 3rd – August 14th**
	12:15 pm – 1:00 pm	
Level 5	11:30 am – 12:15 pm	
Level 6	12:15 pm – 1:00 pm	

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

Fee Information

* $25.00 for residents * $50.00 for Resident Family of 3 or more * $40.00 for all Non-Residents

All checks can be made payable to the Town of Hoosick

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

Signature: _____ Date: _____

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