

## 2017 Swimming Lesson Registration Form

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Child's name \_\_\_\_\_ Age \_\_\_\_\_

Parent's name and address \_\_\_\_\_

Daytime phone number \_\_\_\_\_

Choose one:

Level 1 Water Readiness \_\_\_\_\_

Level 2 Float and Go \_\_\_\_\_

Level 3 Stroke and Go \_\_\_\_\_

Level 4 Endurance and Strengthening \_\_\_\_\_

Choose one:

Daytime Lessons, June 30 - July 13 \_\_\_\_\_

Night time lessons, July 21- August 3 \_\_\_\_\_

I hereby signify that I will not hold the instructors, aides, or the town of  
Pittsfield responsible for any accidents incurred during the swim program.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_