Town of Hoosick Community Pool Learn-to-Swim Program 2020

Town of Hoosick Community Pool Learn-to-Swim Program

2 Week Swim Session
Session 2- July 20, 2020- July 31, 2020

First, Last Name (Required): __________________________________________

Please enter the first and last name of your child

Sex (Required): ____________________________

Birth Date (Required): ____________________________

Address (Required): ____________________________

Street: ______________________________________

Address Line 2: ____________________________

City, State, Zip: ______________________________________

Swim level (Required):
(Select only one option)
If unsure of level please make your best guess

☐ Option 1  ☐ Level 1

☐ Level 2  ☐ Level 3

☐ Level 4  ☐ Level 5

☐ Level 6

Email (Required): ____________________________

Home (Required): (____) ____________________________

Cell Phone (Required): (____) ____________________________

Medical Information Does the participant have any medical condition the instructor should be aware of (Required - Select at least one option):

☐ Yes

☐ No

If yes, please explain/list any Medical Conditions/ Allergies (Required):
For example: Diabetic or Suffers from Seizures. If you answered no above please write N/A.
Emergency Information

Description

Parent/Guardian Name (Required):

Secondary Emergency Contact (Required):

Who will we call if you are unavailable

Home Phone (Required): ( ) -

Secondary Emergency Contact

Cell Phone (Required): ( ) -

Secondary Emergency Contact

Relationship (Required):

Secondary Emergency Contact

Signature: ________________________________