TOWN OF CLARENCE - SWIM PROGRAM PERMISSION SLIP / REGISTRATION

(Please bring this form when registering your child for the swim lessons)

I hereby give my permission for the following children to participate in the Town of Clarence Swimming program located at the Town Pool.

Parent Name: ______ Parent Signature: _____

| Address: | | |
|--|--|--|
| Phone Number: | Date: | |
| Childs Name: | Age: | Swim Level: |
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| PERM | TOWN OF CLARENCE - SWIM PROGRAM PERMISSION SLIP / REGISTRATION (Please bring this form when registering your child for the swim lessons) reby give my permission for the following children to participate in the Town of Clarence Swimming ram located at the Town Pool. Parent Signature: Parent Signature: | |
| (Please bring this | form when registering you | r child for the swim lessons) |
| I hereby give my permission for the program located at the Town Pool | | rticipate in the Town of Clarence Swimming |
| Parent Name: | Parent Signa | ture: |
| Address: | | |
| Phone Number: | Date: | |
| Childs Name: | Age: | Swim Level: |
| | | |
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