

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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