



Town of Woodstock  
**AYR Motor Centre**  
**Swim Program Registration**



Residence ID #:			
Participant Name:			
*Date of Birth:			
Parent/Guardian Name:			
Home Telephone #:		Cell Phone #:	
Mailing Address:			
City:		Province:	
Postal Code:			
*Email:			
Telephone #:			
Allergies and Health Concerns:			
Swim Level: (last completed)	<div>Level: _____ Year: _____</div> <div>Through (please check most recent):</div> <div><div><input type="checkbox"/> AYR Motor Centre Public</div><div><input type="checkbox"/> Private Lessons</div><div><input type="checkbox"/> Woodstock Child Care</div><div><input type="checkbox"/> Angie's Little Peeps</div><div><input type="checkbox"/> Liddle Skiddle</div><div><input type="checkbox"/> Other _____</div></div> <div><div><input type="checkbox"/> MCS</div><div><input type="checkbox"/> Townsview</div><div><input type="checkbox"/> Canterbury</div><div><input type="checkbox"/> Home School</div><div><input type="checkbox"/> Debec</div></div>		

**\*MUST BE COMPLETED**

Email completed form to [ayrmotorcentre@town.woodstock.nb.ca](mailto:ayrmotorcentre@town.woodstock.nb.ca)

**\*Payment must be made a time of registration\***

**To be complete by pool administrator**

Date Time of Lesson :	
Number of Weeks	
Instructor :	
Special Notes :	
Date Approved :	