



Town of Woodstock  
***AYR Motor Centre***  
Private Swim Lesson



Participant Name:			
Resident ID #			
Date of Birth:			
Last Level of Swim Lessons Completed :			
Parent/Guardian Name:			
Home Telephone # :		Cell Phone #:	
Mailing Address :			
City:		Province:	
Postal Code:			
Email :			
Emergency Contact Name:			
Telephone #:			
Special Notes :			

**Please circle which lesson you are applying for: *Spaces are Limited***

Personal Private Lessons (6 Sessions)	Special Needs Private Lessons (8 Sessions)
Preferred Day :	Preferred Time :

*\*Following the completion of these sessions, the client may register to continue, if there is availability, if not they will be placed on a waiting list for the next available time.*

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

**To be complete by pool administrator**

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