

TOWN OF OAK BLUFFS
ARC Swim Program 2010

Information Sheet

PLEASE PRINT CLEARLY

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Island Mailing Address _____

Off Island Mailing Address _____

Guardian's Name _____

Island Home Phone Number _____

Cell Number(s) _____ / _____

1st Emergency Contact Number _____

Name of Contact _____

2nd Emergency Contact Number _____

Name of Contact _____

Allergies _____

Comments/Concerns _____

I am signing this form stating that all of the above is correct and accurate information and I give my consent for _____ to have swimming lessons. I am aware that I have to be present during the 30 minute of lesson time and can not leave my child alone during his/her lesson. I also understand that my child needs to have goggles, a proper swim suit, hair tied back, if long, and towel. I also understand my child has to be present for his/her designated lesson time.

Parent/Guardian _____