



School Program

Has your child ever taken swimming lessons before? Yes ____ No ____

Did your child take Swimming Lesson at the AYR Motor Centre in the last year?

Yes ____ No ____

If yes, what Swim for Life Level was taken? _____ Completed? Yes ____ No ____

Student's name _____ Homeroom Teacher _____

School: _____

I give permission for my child to participate in the Lifesaving Society Swim for Life Program at the AYR Motor Centre.

Parents: Signature: _____

Date: _____

**Please return to Homeroom Teacher at school
or email to completed copy to pool.staff@town.woodstock.nb.ca**

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ayrmotorcentre@town.woodstock.nb.ca | www.town.woodstock.nb.ca

Update March 2020

Date Received :

Office Staff Signature:

Booked :