





105 Connell Park Road, Woodstock, NB E7M 1M5 (506) 325-4671

 $\underline{ayrmotorcentre@town.woodstock.nb.ca} \hspace{0.1cm} | \underline{www.town.woodstock.nb.ca}$

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)	Level:	Year: _	
	Through (please check most recent):		
	☐ AYR Motor Centre	Public	1CS
	☐ Private Lessons	□т	ownsview
	☐ Woodstock Child C	are 🗆 C	anterbury
	☐ Angie's Little Peep	s 🗆 H	Iome School
	☐ Liddle Skiddle		ebec
	☐ Other		
*MUST BE COMPLETED	<u> </u>		
Email completed form to ayrm	otorcentre@town.woc	dstock.nb.ca	
Payment must be made a time	e of registration		
Date Received :	Office Staff	Signature:	