

**Town of Pendleton Summer Recreation
Aquatics Program 2011 Registration Form**

Name of Child _____ Age _____

Time of lesson _____ Level _____

Parents(s) Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency #(s) _____

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Are there any limitations that the instructors should know when working with your child? (YES or NO) If yes, please explain: _____

