Return completed registration by **February 23rd**:

Mail to:

Pioneer High School, Athletic Department
PO Box 579
Yorkshire, NY 14173
(If you return to child's class, please put in envelope with address above)

***Children must have a parent or guardian present during lessons and can watch from designated areas**.

Student Name:_____
Age: _____
Grade:_____
Level: _____

Please identify your and second choice of time:
1. _____
2. _____

Level 1-3: In the event your child's class times are filled are you able to attend one of the other times listed: YES OR NO

Parent Name:_____
Phone Number: _____
Students Name:
_____

*You will not receive any further verification of selected class time unless you are called to bring your child to a different lesson time due to over enrollment in a particular class. Please have your child present at the first class based on your registration.

*This is a free program for children within the Pioneer School District.