

Rowan University Rec Center Swim Lessons
REGISTRATION FORM & INFO SHEET Spring 2008, SESSION 1

March 30th – April 27th Registration Deadline: March 24th

* Please be advised: We will only be accepting 180 students for this session

Name of Child _____ **Age** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone(H) _____ **Cell** _____

Email Address _____

Type:

Preschool Private (member - \$85) _____ Preschool Private (non-member - \$95) _____

Private (member - \$85) _____ Private (non-member - \$95) _____

Group Lessons (member - \$75) _____ Group Lessons (non-member - \$85) _____

Parent and Tot (member - \$65) _____ Parent and Tot (non-member - \$75) _____

Ability Level (Ages 3 and up):

Beginner _____ Advanced Beginner _____ Intermediate _____ Advanced _____

Times not available (Ages 3 and up):

Please check times that you are **NOT** available to attend swim lessons on Sundays:

9:00AM _____ 9:45AM _____ 10:30AM _____ 11:15PM _____

12:00PM _____ 12:45PM _____ 1:30PM _____ 2:15PM _____

3:00PM _____ 3:45PM _____ 4:30PM _____ 5:15PM _____

Parent and Tot:

Please check time(s) you **NOT** available to attend swim lessons on Sundays:

10:00AM _____ 1:00PM _____ 4:00PM _____

RELEASE: In consideration of the acceptance of my entry, I, intending to be legally bound hereby for myself, my heirs, executors, administrators, and assignees, waive and release any and all rights I may have against Rowan University and other officials, contributors, and organizers, volunteers, and other parties associated with this program from and against any blame and liability for any and all injuries received by me as a result of the swimming lessons program. I attest and verify that I have full knowledge of the risks involved and I am physically fit and sufficiently trained to participate in this program. I also consent to the taking of photographs, slides, motion picture, video tapes, and sound recordings for current and future promotional and instructional purposes of my child.

Signature of Parent or Guardian: _____ **Date:** _____

Name of Parent or Guardian (please print): _____

Mailing Address:

Rowan University Recreation Center

Attn: Anne MacDonald

201 Mullica Hill Rd.

Glassboro, NJ 08028

Make Checks Payable to:

Rowan University

*Enroll this student with _____

*Please note: The Rec Center can not guarantee the placement of your child with the requested child(ren).