



Riegel Ridge Community Center Pool  
910 Milford-Warren Glen Rd.  
Milford, NJ 08848  
908-995-9260  
www.riegelridgecc.org

## RIEGEL RIDGE COMMUNITY CENTER POOL PRIVATE SWIM LESSON REGISTRATION

### APPLICANT INFORMATION: **PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Casual Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  Female  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
 Cell  Home  Cell  Home

Primary E-mail (we will not disclose your information for any non-RRCC related use):  
\_\_\_\_\_

### CHOOSE ONE:

**Individual ½ hour lessons:**  3 Lessons: \$95  5 Lessons: \$140  10 Lessons: \$220  
**2 Swimmers ½ hour lessons (must be at the same swim level):**  3 Lessons: \$125  5 Lessons: \$180  
 10 Lessons: \$320

Do you prefer:  Mornings  Afternoon  Evening

\*If you are registered for camp lessons will be done during the day

Does your child have previous swimming experience?

yes  no

Has your child taken swimming lessons at RRCP before?

yes  no

Is your child scared/uncomfortable in the water?

yes  no

Please name the specific skills your child would like to accomplish:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medical conditions that may affect your child during swim class?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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RRCP will try to accommodate you and your child's private lesson needs. We cannot guarantee specific instructors or lesson times. All scheduling will be done between you and your instructor based on availability. Instructors are not allowed to teach lessons during regularly scheduled work hours.

**Lessons must be paid for in advance.**

In consideration of your accepting my entry or my child's entry, I hereby for myself, my child, my heirs, executors and administrators waiver and release any and all rights and claims for damages I or my child may have against the Township of Holland, Holland Township Parks & Recreation Department, its officials and employees, and volunteers for any injuries suffered by myself or my child at any activity sponsored by these groups. I understand that **refunds are not offered for any reason** other than a medical condition and a doctor's note will be required.

I understand the following policies and procedures:

- Cancellation of a lesson must be done 24 hours in advance, if cancellation is made less than 24 hours in advance you will be charged for the lesson.
- All lessons must be paid for in advance.
- Lessons will not be scheduled before payment is made.
- All lessons should be scheduled directly with instructor.
- If you need to cancel or change a lesson please call the instructor directly.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Program Fee: \$ \_\_\_\_\_

Cash     Check # \_\_\_\_\_     Credit Card

Date: \_\_\_\_\_

Employee Initial: \_\_\_\_\_