



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

RIEGEL RIDGE COMMUNITY POOL GROUP 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: _____
 Date of Birth: ___ / ___ / ___
 Primary Phone: _____ Other: _____
 Cell Home Cell Home
 Primary E-mail (Required-This is our primary source of communication - used for RRCC communication only)

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| <p>Select Session(s):</p> <p><input type="checkbox"/> Session 1 (June 20-June 30) Summer Camp weeks 1 & 2</p> <p><input type="checkbox"/> Session 2 (July 5- July 14) Summer Camp weeks 3 & 4</p> <div style="text-align: center; font-size: 2em; font-weight: bold; color: blue;">\$105</div> <p style="text-align: center;">Per Session</p> | <p>Level:</p> <p><input type="checkbox"/> Level 2 (recommended ages 6 - 9) 9:15 am</p> <p><input type="checkbox"/> Level 1 (recommended ages 3 - 5) 10 am</p> <p>Does your child have previous swimming experience?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Is your child scared/uncomfortable in the water?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Are there any medical conditions that may affect your child during swim class?</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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| <p>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 <u>refunds are not offered for any reason</u> other than a medical condition and a doctor's note will be required.</p> <p>Parent Signature _____</p> | <p style="text-align: center;">For Office Use Only</p> <p style="text-align: center;">Program Fee: \$ _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card</p> <p>Date: _____</p> <p>Employee Initial: _____</p> |
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