



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

## 2023 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)

<p><b>Select Session(s):</b></p> <p><input type="checkbox"/> <b>Session 1</b> (June 19-June 29) Summer Camp weeks 1 &amp; 2</p> <p><input type="checkbox"/> <b>Session 2</b> (July 3- July 13) Summer Camp weeks 3 &amp; 4 *Class will be held 7/7 instead of 7/4</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">\$120</p> <p style="text-align: center;">Per Session</p>	<p>Level:</p> <p><input type="checkbox"/> <b>Level 2</b> (recommended ages 6 - 9) 9:15 am</p> <p><input type="checkbox"/> <b>Level 1</b> (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 administrator's 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 &amp; 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><b>Parent</b>  <b>Signature</b> _____</p>	<p style="text-align: center;"><b>For Office Use Only</b></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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