



**Township of Cedar Grove  
Recreation Department**  
525 Pompton Ave. Cedar Grove, NJ 07009  
(973) 239-1410 x220

## GROUP SWIM LESSONS REGISTRATION FORM

FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;  
"LIKE" US ON FACEBOOK, [www.facebook.com/cedargroverec](http://www.facebook.com/cedargroverec) or  
"FOLLOW" US ON TWITTER, @CedarGroveRec or call #973-230-9944

**THESE LESSONS ARE LIMITED, SO PLEASE REGISTER ACCORDINGLY. Only ONE SESSION allowed per child.**

**Who:** Children must be 4 years of age by start of the session.  
Must be able to stand at shallow end of pool (3.5 feet deep) with their heads above water in order to be eligible for lessons.

**Where:** Cedar Grove Community Pool

**When:** Monday - Thursday  
Session I – June 25<sup>th</sup> – July 12<sup>th</sup> (no class July 4<sup>th</sup>)  
Session II – July 16<sup>th</sup> – August 2<sup>nd</sup>

**Times:** **10:25-10:55am** – Beginner I, Beginner II, Advanced Beginner & Intermediate/Swimmer  
**11:05-11:35am** – Beginner I, Beginner II, Advanced Beginner

**Fee:** \$20/child for pool members; \$100/child for non-members  
**CHECKS MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE**  
**(Separate check from pool membership)**

**Description:** This summer we will offer (2) three 3-week courses taught by the lifeguards. These are group lessons and there will be a limited number of spots in each class so we can staff accordingly. The courses will run as follows; Session I (June 25-July 12) and Session II (July 16-August 2). Classes will be held from Monday through Thursday each week. Each class is 30 minutes in length. There will be NO lessons on July 4th.

### Swim Lessons 2018

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ PREFERRED HOSPITAL \_\_\_\_\_

Any Allergies/Health Conditions we should be aware of? (If Yes, explain)

CHECK WHICH CLASS YOU WOULD LIKE: (PLEASE CIRCLE ONE) SESSION I      SESSION II

10:25-10:55—

**Beginner I** \_\_\_\_\_ **Beginner II** \_\_\_\_\_ **Advanced Beginner** \_\_\_\_\_ **Intermediate/Swimmer** \_\_\_\_\_

11:05-11:35—

**Beginner I** \_\_\_\_\_ **Beginner II** \_\_\_\_\_ **Advanced Beginner** \_\_\_\_\_

I hereby give permission for my child to participate in this program. I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury incurred by my child while playing or practicing. My child is in good health and able to participate without restriction. I am providing an emergency number should I not be present while my child is at practice or a game. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should my child need treatment in my abs

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_