



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

## Cedar Grove Panthers Swim Team

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- **Who:** Children through 12<sup>th</sup> grade; must be able to swim the length of the pool one time without touching the bottom. Parents are asked to volunteer throughout the season.
- **Where:** Cedar Grove Community Pool
- **When:** Pre-Season Practice Schedule; June 4-June 21, Mon-Fri, Ages 10 & under 4:00-5:00pm, Ages 11 & up 5:00-6:00pm.  
Regular Season Practice Schedule; June 24-end of July, Mon-Fri, Ages 10 & under 9:00-10:00am, Ages 11 & up 10:00-11:00am.
- **Cost:** \$40/child;\$80 family max for pool members  
\*Non pool members are eligible to join. The fee for non-members is \$100.  
\*Late Fee: \$10 (\$20 family max) after 6/14/19
- **Description:** OPEN HOUSE – June 3<sup>rd</sup> 4:00-6:00pm at the Cedar Grove Pool. You can meet the coaches and order bathing suits from Metro Swim Shop.  
The Swim Team practices 5 days a week. Swimmers are required to compete in 6 to 8 meets in the North Jersey Swim League and may be eligible to participate in Divisionals and Meet of Champions. There will be a total of 8 meets, bus will be provided for Team and Coaches.

### Swim Team – 2019

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_ AGE (by June 1) \_\_\_\_\_ SEX Male Female

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

CELL PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

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

**T-Shirt Included - Size (Please Circle):** Adult or Child      **(Please Circle):** Small Medium Large XL(Adult only)

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

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 absence.

**Please note that parent volunteers are an important part of the Swim Team organization. Signing below will also confirm that you are willing to volunteer your time for meets/events.**

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

**Volunteering is Mandatory in order to join the Swim Team, please ‘X’ what you are interested in helping with:**

Keep Time \_\_\_\_\_ Ribbon Write \_\_\_\_\_ Keep Score \_\_\_\_\_ Fundraising \_\_\_\_\_ Emails \_\_\_\_\_

**\$40.00/\$80.00max (\$100 non-member)**