

GROUP SWIM LESSONS REGISTRATION FORM

****FOR CANCELLATIONS DUE TO INCLEMENT WEATHER TEXT CGPOOL to 888777****

THESE LESSONS ARE LIMITED, SO PLEASE REGISTER ACCORDINGLY

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.

*Parent & Me Only – Children must be 2 years of age by start of session.

Where: Cedar Grove Community Pool

When: Monday - Thursday
Session I – June 28th– July 15th
Session II – July 19th – August 5th

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

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. Classes will be held from Monday through Thursday each week. Each class is 30 minutes in length. **Non-pool member registration begins after May 21st.**

 keep top half -----

Swim Lessons 2021

CHILD'S NAME _____ AGE _____ DOB _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT # _____

EMAIL _____ PREFERRED HOSPITAL _____

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

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

10:25-10:55—

Parent & Me _____ **Advanced Beginner** _____ **Intermediate/Swimmer** _____

11:05-11:35—

Beginner I _____ **Beginner II** _____

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.

Parent/Guardian Signature _____

Date _____