



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

**SWIM TEAM (NON-POOL MEMBERS)**

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;  
“LIKE” US ON FACEBOOK, [www.facebook.com/cedargroverec](http://www.facebook.com/cedargroverec) or  
Call the Weather Hotline #973-230-9944**

- **Who:** Children Age 6 through 12<sup>th</sup> grade  
Must be able to swim one lap without stopping  
**Parents are required to volunteer through the season**
- **Where:** Cedar Grove Community Pool
- **Practices:** **Pre-Season Practices; June 13-17, Mon-Fri, Ages 10 & under 4:00-5:00pm; Ages 11 & up 5:00-6:00pm**  
**Regular Practices; June 27-end of July, Mon-Fri, Ages 10 & under 9:00-10:00am; Ages 11 & up 10:00-11:00am**
- **Fee:** -\$50/child for CG Pool Members  
-\$100/child for Non-Pool Members (must contact Rec Dept for registration [mmandolfi@cedargrovenj.org](mailto:mmandolfi@cedargrovenj.org))  
-LATE FEE of \$10 after 6/3/22-NO REFUNDS AFTER 6/3/22  
**-CHECKS PAYABLE TO TOWNSHIP OF CEDAR GROVE**

**•Bathing Suit Order:**

ONLINE BATHING SUIT ORDER PORTAL LINK  
[www.metroswimshop.com/cedargrove](http://www.metroswimshop.com/cedargrove)  
suits will ship to swimmer’s home

- **Description:** 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 Divisional and Meet of Champions. There will be a total of 8 meets, parents are responsible for transportation to away meets.

**SWIM TEAM 2022**

**Child Name:** \_\_\_\_\_ **Child Age by June 1:** \_\_\_\_\_

**Child DOB:** \_\_\_\_\_ **Sex:** M F **Grade in Sept.** \_\_\_\_\_ **Allergies?** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_ **Parent Cell:** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Town:** \_\_\_\_\_

**T-Shirt Size (circle one) YSmall YMedium YLarge ASmall AMedium ALarge AXL**

I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury I may incur while playing or practicing. I am in good health and able to participate without restriction. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should I need medical assistance. In conjunction with the child’s participation in the recreation program, the Township may make or arrange to make certain images of a child or children participating in such activities, such as still photographs, video tapes or other recorded moving images. I consent to, give permission for and authorize the Township to use the images of the child.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_