

**AKRUG AQUATIC CLUB, INC.**  
**Wightman Pool at William Paterson University**

Registration for Stroke Clinic / Learn to Swim  
 March – May 2018 for ages 5 - 18

**DATES\***: Eighteen 1-hour sessions on Monday, Wednesday, and Friday

**PRACTICE TIMES:**

- **Class 1:** 4:30 PM – 5:30 PM
- **Class 2:** 5:30 PM – 6:30 PM

**March**

Mon	Wed	Fri
	3/21	3/23
3/26	3/28	

**April**

Mon	Wed	Fri
4/2	4/4	4/6
4/9	4/11	4/13
4/16		4/20
4/23	4/25	4/27
4/30		

**May**

Mon	Wed	Fri
	5/2	5/4

**REGISTRATION**

**In-Person**

**When:**

- Thursday, March 16<sup>th</sup>
- Friday, March 17<sup>th</sup>
- Time: 4:30 PM – 5:30 PM

**Where:**

- Wightman Pool at William Paterson University, 300 Pompton Rd, Wayne, NJ 07470

**Mail**

**Due Date:**

- Wednesday, March 14<sup>th</sup>

**Send To:**

- Janet Gurka  
4 Park Ave  
Pompton Plains, NJ 07444-2037

**FEE**

- \$240 per swimmer
- *Special Family Rate*
  - \$230 for 2<sup>nd</sup> child
  - \$220 for additional family member(s)
- *Check Payable to:* AKRUG AQUATIC CLUB
- *Mail to:*
  - Janet Gurka  
4 Park Ave  
Pompton Plains, NJ 07444-2037

**NOTE**

\* William Paterson University reserves the right to change or cancel any day of practice. Unfortunately, no make-ups are available. For additional information, please contact Janet Gurka at 973-831-5993 or 973.886-9671.

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**Circle One:**    4:30 PM – 5:30 PM        5:30 PM – 6:30 PM

*Note: You can move from one time slot to another with permission from the director*

<b>1. SWIMMER'S NAME:</b>	
<b>Age:</b>	<b>Date of Birth:</b>
<b>2. SWIMMER'S NAME:</b>	
<b>Age:</b>	<b>Date of Birth:</b>
<b>3. SWIMMER'S NAME:</b>	
<b>Age:</b>	<b>Date of Birth:</b>

**PARENT'S NAME(S):** \_\_\_\_\_

<b>ADDRESS:</b>	
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**EMAIL(S):** \_\_\_\_\_

**PHONE NUMBERS:**

<b>Home</b>		<b>Business</b>	
<b>Cell</b>		<b>Emergency</b>	

**MEDICAL PROBLEMS:**

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*(e.g. seizure, asthma, heart disease, diabetes, etc.)*

1. I hereby authorize any representative of the Akrug Aquatic Club, Inc. to have the above-named minor(s) treated in any medical emergency during their participation in the Akrug Aquatic Club program.
2. I agree not to hold William Paterson University, Akrug Aquatic Club, Inc., team members or coaches responsible for any accident or other such occurrences
3. I consent to the use of images and/or videos of the above-named minor(s) for Akrug Aquatic Club, Inc. marketing purposes.

**SIGN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_