

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: 6:30 PM – 7:30 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 16th
- Friday, March 17th
- 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 14th

Send To:

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

FEE

- \$230 per swimmer**
- *Special Family Rate*
 - \$220 for 2nd child
 - \$210 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 973-886-9671.

** This program is a continuation of the September to March program. The fee is only for those swimmers who participated in the September to March program. If you need to move to an earlier time slot for a day, you can do this with permission from the Director.

AKRUG AQUATIC CLUB, INC.
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 March to May 2018 Registration for ages 5 - 18
 (6:30 PM – 7:30 PM)

1. SWIMMER'S NAME:	
Age:	Date of Birth:
2. SWIMMER'S NAME:	
Age:	Date of Birth:
3. SWIMMER'S NAME:	
Age:	Date of Birth:

PARENT'S NAME(S): _____

ADDRESS:	
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EMAIL(S): _____

PHONE NUMBERS:

Home		Business	
Cell		Emergency	

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:** _____