

AKRUG AQUATIC CLUB, INC.
Wightman Pool at William Paterson University
Head Coach: Ed Gurka with 42 years of experience

Registration for Learn to Swim, Swim Team, or Senior Team

Sept 2018 – March 2019 for ages 5 - 18

COMPETITION SCHEDULE: USA Meets and four Dual Meets

TRY-OUTS: Saturday, September 8th, 2018 at 9:00 am – 10:00 am for all NEW team swimmers only, excludes Learn to Swim swimmers

PRACTICE TIMES

Session	Mon, Wed, Fri	Sat
<i>Learn to Swim</i>	6:00 pm – 6:30 pm	9:00 am – 10:00 am
<i>Swim Team</i>	6:30 pm – 7:30 pm	9:00 am – 10:00 am
<i>Senior Team</i>	6:00 pm – 7:30 pm	9:00 am – 10:00 am

PRACTICE DATES

<i>September</i>	12, 14, 15, 17, 19, 21, 22, 24, 26, 28, 29
<i>October</i>	1, 3, 5, 6, 10, 12, 13, 17, 20, 22, 24, 26, 27, 29
<i>November</i>	2, 3, 5, 7, 10, 12, 14, 19, 26, 28, 30
<i>December</i>	1, 3, 5, 7, 8, 10, 12, 14, 15, 17, 19
<i>January</i>	11, 14, 16, 18, 19, 23, 25, 26, 28, 30
<i>February</i>	1, 4, 6, 8, 9, 11, 13, 15, 16, 18, 27
<i>March</i>	1, 2

REGISTRATION (Limited to a maximum of 90 swimmers):

In-Person

When:

- Wed, Sept. 5th & Thurs, Sept. 6th
- Time: 4:30 PM – 5:30 PM

Where:

- Wightman Pool (973-720-3267) at William Paterson University
300 Pompton Rd, Wayne, NJ 07470

Mail

Due Date:

- Thurs, Sept. 6th

Send To:

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

FEE

1st Swimmer	\$600.00
Family Rate: 2nd Swimmer	\$575.00
Family Rate: Add'l Swimmer(s)	\$555.00
Senior Team Only	\$660.00

Note: USA Swimming Organization Fees are mandatory at a later date. Cost is approximately \$65.00. Applications forms will be provided at the pool.

Check Payable to:

AKRUG AQUATIC CLUB, INC.

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.

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

September 2018 to March 2019 Registration for ages 5 - 18

Circle One: Learn to Swim Swim Team Senior Team

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:

EMAIL(S): _____

PHONE NUMBERS:

Home		Business	
Cell		Emergency	

MEDICAL PROBLEMS:

--

(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:** _____