

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

Registration for AKRUG Stroke Clinic / Learn to Swim
March - May 2019 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			April			May		
Mon	Wed	Fri	Mon	Wed	Fri	Mon	Wed	Fri
	3/20	3/22	4/1	4/3	4/5	5/1	5/3	
3/25	3/27	3/29	4/8	4/10	4/12			
			4/15					
			4/22	4/24	4/26			
			4/29					

REGISTRATION

In-Person

When:

- Thursday, March 14th
- Friday, March 15th
- 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 13th

Send To:

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

FEE

- \$250 per swimmer
- *Special Family Rate*
 - \$240 for 2nd child
 - \$230 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.

Please circle one time slot
4:30 pm to 5:30 pm or 5:30 pm to 6:30 pm
AKRUG AQUATIC CLUB, INC.
(FORMERLY PIONEER AQUATIC CLUB, INC.)

REGISTRATION FORM
MARCH TO MAY 2019
STROKE CLINIC/LEARN TO SWIM

1. SWIMMER'S NAME: _____
AGE: _____ DATE OF BIRTH: _____
2. SWIMMER'S NAME: _____
AGE: _____ DATE OF BIRTH: _____
3. SWIMMER'S NAME: _____
AGE: _____ DATE OF BIRTH: _____

PARENTS NAME: _____

ADDRESS: _____

E-Mail: _____

PHONE (HOME) _____ (CELL) _____
(BUSINESS) _____ (EMERGENCY) _____

MEDICAL PROBLEMS: _____
(EX. SEIZURES, 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: _____