

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

**Registration for AKRUG Swim Team/Stroke Clinic**  
**March - May 2019 for ages 5 - 18**

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

**PRACTICE TIMES:** 6:30 - 7:30

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 14<sup>th</sup>
- Friday, March 15<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 13<sup>th</sup>

**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.

**6:30 pm - 7:30 pm**  
**AKRUG AQUATIC CLUB, INC.**  
**(FORMERLY PIONEER AQUATIC CLUB, INC.)**

**REGISTRATION FORM**  
**MARCH TO MAY 2019**  
**SWIM TEAM/STROKE CLINIC**

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:** \_\_\_\_\_