

**AKRUG AQUATIC CLUB, INC.**  
**HELD AT WILLIAM PATERSON UNIVERSITY - WIGHTMAN POOL**  
**Ages 5-18**

**Program Director:** WPUNJ Head Swim Coach - Ed Gurka - 43 Years Experience

The Pioneer Swim Program will consist of 10 one-hour sessions on Monday, Wednesday & One Thursday on the following dates:

**May** - 13, 15, 16, 20, 22, 29,

**June** - 3, 5, 10, 12

**Practice Time:**   **GROUP 1** - 4:30 - 5:25 p.m.

**GROUP 2** - 5:30 - 6:25 p.m.

**In Person Registration:**

Wightman Pool  
(973-720-3267)  
Friday, May 10<sup>th</sup>  
4:00p.m.-5:00p.m.

**Mail-In Registration:**

Must be received by Friday, May 10, 2019  
Limited registration to the first 80 swimmers  
Send your completed application and registration fee  
to:

**Mrs. Janet Gurka**  
**4 Park Avenue**  
**Pompton Plains, NJ 07444-2037**

**The fee is:** \$160.00 per swimmer

Special Family Rates are available:

\$150.00 for second child

\$140.00 for each additional family member

**Make Check payable to:** AKRUG AQUATIC CLUB and send to the above address to Janet Gurka.

William Paterson University reserves the right to change or cancel any day of practice.

Unfortunately, **no refunds** or **make-ups** are available. For any additional information, please contact Ed Gurka at home (973-831-5993) or on his cell at 973-886-9671.

**MAY TO JUNE 2019**

**4:30 p.m. to 5:25 p.m. or 5:30 p.m. to 6:25 p.m. (circle one)  
LEARN TO SWIM PROGRAM/STROKE CLINIC  
AKRUG AQUATIC CLUB, INC.  
REGISTRATION FORM**

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: HOME# \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency # \_\_\_\_\_ Business # \_\_\_\_\_

**MEDICAL PROBLEMS:** \_\_\_\_\_  
( EX. SEIZURES, ASTHMA, HEART DISEASE, DIABETES, ETC.)

1. I hereby authorize any representative of 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 to not hold William Paterson University, Akrug Aquatic Club, Inc., team members or coaches responsible for any accidents 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. for marketing purposes.

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