

# SUMMER POOL CLUB REGISTRATION FORM • SUMMER 2010

Participant's Name: \_\_\_\_\_ Parent/Guardian (if under 18) Name: \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  Boy  Girl Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_  
TOTAL AMOUNT DUE: \$ \_\_\_\_\_  CASH  CHECK (NO REFUNDS WILL BE GIVEN)  
 CREDIT CARD:  VISA  MC  DSCVR  AMEX Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

All balances **MUST** be paid in full at the time of registration. **NO REFUNDS WILL BE GIVEN.**

**Please Read Carefully and sign the following Registration-Understanding/Waiver.**

In consideration for being allowed to participate in any way in GOODSPORTS USA athletic/sports programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with GOODSPORTS USA or it's staff while they/I am on the premises of GOODSPORTS USA. I acknowledge that at GoodSports USA, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release GoodSports USA and its staff, from all liability for any claim or damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I authorize GOODSPORTS USA to act for me and obtain whatever medical, surgical or dental examination, diagnosis and/or treatment is deemed necessary. GOODSPORTS USA is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first game. I further understand that I should be aware of my/the above named child's physical limitations and agree not to exceed them. I agree to review the rules and inspect the facilities and if I believe it is unsafe I will advise his or her coach and refuse to participate. GoodSports reserves the right to cancel or change any scheduled events.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

**You MUST mark which program(s) you are registering for.**

- **Use One form per person.** Please call us for additional forms if needed or visit us online.
- **Do NOT use this form for:** Parties, Facility Rentals or Infant Aquatic Survival

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| <p><b><u>SWIM LESSONS</u></b><br/><i>Private Lessons <u>MUST</u> be scheduled with Aquatics Manager<br/>Megan MacLean 732-681-8898 Ext. 24</i></p> <p><b><u>GROUP SWIM LESSONS</u></b> - Mark 1 box in each section below</p> <p><b><u>1. CHOOSE SESSION DATES:</u></b></p> <p><input type="checkbox"/> Session 1: June 28 - July 8<br/><input type="checkbox"/> Session 2: July 12 - July 22<br/><input type="checkbox"/> Session 3: July 26 - August 5</p> <p><b><u>2. CHOOSE AMOUNT OF SESSIONS:</u></b></p> <p><input type="checkbox"/> 1 Session/8 Lessons/\$195<br/><input type="checkbox"/> 2 Sessions/16 Lessons/\$350<br/><input type="checkbox"/> 3 Sessions/24 Lessons/\$465</p> <p><b><u>3. CHOOSE SESSION TIME:</u></b></p> <p><input type="checkbox"/> 9:00-9:45am<br/><input type="checkbox"/> 11:00-11:45am</p> <p><b><u>4. CHOOSE GROUP:</u></b><br/><i>(Age is only a guideline - placement will be determined by ability)</i></p> <p><input type="checkbox"/> Guppies (ages 3-5)<br/><input type="checkbox"/> Stingrays (ages 6-8)<br/><input type="checkbox"/> Sharks (ages 9-12)</p> | <p><b><u>AQUATICS PROGRAMS</u></b><br/><i>Infant Aquatic Survival Instruction <u>MUST</u> register with<br/>Beth Ann Marron email: bethannmarron@gmail.com</i></p> <p><input type="checkbox"/> Baby &amp; Me Swim<br/><input type="checkbox"/> Member: \$100<br/><input type="checkbox"/> Non-Member: \$150</p> <p><b><u>POOL MEMBERSHIPS</u></b><br/>List all members names and D.O.B./Under 2yrs -FREE</p> <p><input type="checkbox"/> 1 - \$300 _____<br/><input type="checkbox"/> 2 - \$520 _____<br/><input type="checkbox"/> 3 - \$660 _____<br/><input type="checkbox"/> 4 - \$740 _____<br/><input type="checkbox"/> 5 - \$850 _____<br/><input type="checkbox"/> 6 - \$900 _____</p> <p>Members <u>MUST</u> reside at same household I.D. required</p> |
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