

# SUMMER POOL CLUB REGISTRATION FORM • SUMMER 2011

Contact Name (Parent/Guardian if under 18): \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

TOTAL AMOUNT DUE: \$ \_\_\_\_\_  CASH  CHECK (NO REFUNDS WILL BE GIVEN)

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.**

Customer acknowledges that between the hours of 10-3 there will be shared of the pool with Allaire Country Day Summer Camp.

### **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 for 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 for swim lessons. • Do NOT use this form for parties or facility rentals.**

## SWIM LESSONS

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  Boy  Girl

GROUP SWIM LESSONS - Mark 1 box in each section below

### 1. CHOOSE SESSION DATES:

- Session 1: June 27 - July 8  
 Session 2: July 11 - July 21  
 Session 3: July 25 - August 4

### 2. CHOOSE AMOUNT OF SESSIONS:

- 1 Session/8 Lessons/\$195  
 2 Sessions/16 Lessons/\$350  
 3 Sessions/24 Lessons/\$465

### 3. CHOOSE SESSION TIME:

- 9:00-9:45am  
 12:00-12:45pm  
 3:30-4:15pm

### 4. CHOOSE GROUP:

*(Age is only a guideline - placement will be determined by ability)*

- Guppies (ages 3-5)  
 Stingrays (ages 6-8)  
 Sharks (ages 9-12)

## PRIVATE SWIM LESSONS

Private Lessons MUST be scheduled with Aquatics Manager  
Megan MacLean 732-681-8898 Ext. 24

## POOL MEMBERSHIPS

List all members names and D.O.B.

Children under 2yrs -FREE



1 - \$300 \_\_\_\_\_

2 - \$520 \_\_\_\_\_

3 - \$660 \_\_\_\_\_

4 - \$740 \_\_\_\_\_

5 - \$850 \_\_\_\_\_

6 - \$900 \_\_\_\_\_

Members MUST reside at same household I.D. required

Mail Form and Payment to:

**GoodSports 2903 Hwy 138 • Wall, NJ 07719**

Contact us for additional registration forms:

**732-681-8898 • www.goodsportsusa.com**