

SUMMER POOL CLUB 2018 REGISTRATION

Mail Form and Payments to: GoodSports USA, 2903 Highway 138, Wall, New Jersey 07719 • 732-681-8898
YOU MUST MARK ALL PROGRAMS YOU ARE REGISTERING FOR BELOW. DO NOT USE THIS FORM FOR POOL PARTIES OR FACILITY RENTALS.

Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 Email* _____

Total Due \$ _____
 CASH CHECK CREDIT CARD __ VISA __ MC __ DSCVR
 Card # _____ Exp. _____
 Signature _____

BALANCES MUST BE PAID IN FULL. NO REFUNDS WILL BE GIVEN.
 Returning Member New Member

*** PLEASE INCLUDE YOUR EMAIL SO WE ARE ABLE TO CONTACT YOU REGARDING SPECIAL EVENTS OR POOL CLOSINGS.**

POOL MEMBERSHIP All members must reside at same household, ID is required. (Children under 2 years are free.)

MEMBER NAME	D.O.B. (REQUIRED)	TOTAL FEE
1- _____	_____	\$395
2- _____	_____	\$595
3- _____	_____	\$745
4- _____	_____	\$835
5- _____	_____	\$960
6- _____	_____	\$995

SWIM LESSONS

NAME	D.O.B.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. CHOOSE DATES:

- Session 1: June 18-28
 - Session 2: July 2-12*
 - Session 3: July 16-26
- (*No lesson 7/4 - make up Friday 7/6)

2. CHOOSE SESSIONS:

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

3. CHOOSE GROUP:

- Guppies/Beginners (3-9 years)
- Stingrays/Intermediate (6-9 years)

PLEASE READ CAREFULLY. BY SIGNING BELOW YOU AGREE WITH THE FOLLOWING DISCLAIMER. In consideration for being allowed to participate in any way in GoodSports USA programs, and related events, I the voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named members 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 member may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above members 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 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 refuse to participate. GoodSports reserves the right to cancel or change any scheduled events.

SIGNATURE _____

DATE _____