

# Aquatics Registration Form

Participant Information

DATE: \_\_\_\_\_

NAME	AGE	E-MAIL	
NAME	AGE	E-MAIL	
STREET ADDRESS	CITY	STATE	ZIP CODE
CELL	HOME PHONE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> NON MEMBER

Emergency Contact Information

NAME	CELL	HOME PHONE
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Parent Information (If under 18 years old)

NAME	E-MAIL
CELL	HOME PHONE

Have you had lessons?	<input type="checkbox"/> NO <input type="checkbox"/> YES, _____	WHERE? _____		
Level (Check One)	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> COMPETITIVE
Swimming lessons	<input type="checkbox"/> 16 CLASSES	<input type="checkbox"/> 8 CLASSES	<input type="checkbox"/> 4 CLASSES	<input type="checkbox"/> 2 CLASSES
Class names	<input type="checkbox"/> PARENT & ME	<input type="checkbox"/> RED CROSS LIFEGUARDING		
	<input type="checkbox"/> SWIM TEAM	<input type="checkbox"/> WATER SAFETY INSTRUCTION		
	<input type="checkbox"/> SCUBA DIVING	<input type="checkbox"/> COMPETITIVE STROKE		
	<input type="checkbox"/> GROUP SWIM LESSONS*			

Preferred Time (check one)	<input type="checkbox"/> EARLY AM	<input type="checkbox"/> DAY	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> EVENING
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Preferred Day(s)	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY
	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY	

Request for specific instructor: \_\_\_\_\_

\*Please list two preferred group lesson dates + times: \_\_\_\_\_

# Policies & Procedures

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Questions? Please contact the aquatics manager at 201.843.4422.

## General Policies

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- Street shoes are not permitted on the pool deck
- All participants must shower before entering the pool
- No refunds are given for unattended group classes, including swim team
- Parents or guardians accompanying children of a different gender must use the Family Change rooms - not the locker rooms.
- No food, gum or drinks (except for water in a plastic bottle) are permitted on the pool deck.
- You must provide your own goggles and swim cap.
- Inappropriate language and/or behavior will not be tolerated and the “three strikes” rule will be applied for disruptive participants. After the third strike is issued, the participant will be terminated without reimbursement. The Center reserves the right to automatically terminate participants for outrageous behavior.
- There will be no classes held on holidays unless otherwise notified.
- All sessions expire one year from purchase.
- Payments must be made in full at the reception desk before classes begin.
- It is the participant’s responsibility to inform their instructor of a cancellation 6 hours prior to the scheduled class time. Failure to timely cancel will result in no make-ups. Please call the reception desk to notify the instructor.
- Red Cross Lifeguarding, WSI Certification and Scuba Diving cannot miss a class to receive certification.
- Participants may not enter the pool without the instructor present.
- Participants are not permitted to stay in the pool after the class is over.
- Participants are to be on the pool deck at least 5 minutes before class time.
- Long hair must be worn in a cap or tied back.
- Each participant keeps the original receipt and a copy must be stapled to the registration form.
- The sharing of packages is strictly prohibited, including semi-private packages.

## Swim Team

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- Space is limited – registration is taken on a first come, first serve basis. All new participants must try out.
- Registration and payment must be made before sessions start.
- Participants must be dropped off and picked up from practice on time. (If under 18, they must be met by a parent or guardian immediately after each practice.)

## Make-ups/Credit

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- Instructors will make up a class for the following reasons:
  - a. Documented medical emergency.
  - b. Pool closed due to weather conditions or emergency
- There will be no make-ups given if the participant fails to notify their instructor of cancellation within 6 hours of class
- If the participant doesn’t show up for class 3 times in a row without notice, the remaining classes will be forfeited without a refund.
- Semi-private lessons must be taught together and cannot be made up individually.

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I have read and understand the policies & procedures above on behalf of myself & my child.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

# Waivers

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## Waiver

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The undersigned parent/guardian on behalf of \_\_\_\_\_ (“Child”) agrees that engaging in any program at HackensackUMC Fitness & Wellness Powered by the Giants (HUMCF&WPG) shall be taken at the sole risk of the Child, including all consequential and incidental damages. The parent and child, for himself/herself and on behalf of his/her executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish and covenants not to sue HUMCF&WPG, (including its officers, agents, employees and instructors) for all such claims, demands, injuries, damages, or causes of action, with respect to any HUMCF&WPG program. The undersigned parent declares that his/her Child is physically fit and able to participate in physical activity. The undersigned parent declares on behalf of his/her Child that the child participates at his/her own risk.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PARENT OR GUARDIAN

## Parent & Me Waiver

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The undersigned parent declares that he/she is physically fit and able to participate in physical activity. The undersigned parent declares on behalf of himself/herself that he/she participates at his/her own risk.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

## Permission to respond to minors

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In case of an emergency or incident, I (parent’s name) \_\_\_\_\_ give permission to the staff of the HUMCF&WPG to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (Child’s name) \_\_\_\_\_, until such time as a parent can be notified and/or arrive at the location:

Child’s Name: \_\_\_\_\_

Child’s Age: \_\_\_\_\_

Child’s Gender: Male / Female

Please list all known medical issues & allergies: \_\_\_\_\_  
\_\_\_\_\_

If Yes, List: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: \_\_\_\_\_

Taken By: \_\_\_\_\_ Date: \_\_\_\_\_