

# Aquatic Body Conditioning Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

## Class Information

Please circle the appropriate boxes before mailing to ensure proper class registration.

SESSION	TIME	DAYS PER WEEK
Session I – begins 9/12/05	9:15 am	2 Days
Session II – begins 10/31/05	10:00 am	3 Days
Session III – begins 1/9/06	7:05 pm	
Session IV – begins 2/27/06		
Session V – begins 4/24/06		
5 Session Package		

## Registration Type

General \_\_\_\_\_ Member \_\_\_\_\_  
Senior \_\_\_\_\_ Staff \_\_\_\_\_

**Written doctor's permission  
required prior to participation.**

Amount Enclosed \_\_\_\_\_  
Make Checks Payable to TCNJ Aquatic Center

Mail completed Registration Form, Consent Form and Check or Money Order to:  
The College of New Jersey  
Aquatic Center  
PO Box 7718  
Ewing, NJ 08628

*Office Use Only*

Amount Received: \_\_\_\_\_ Check Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Consent Form: \_\_\_\_\_  
Staff: \_\_\_\_\_ Permit #: \_\_\_\_\_