

SAFETY SCHOOL REGISTRATION FORM

Name: _____ Age: _____
DOB: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Email: _____

(Please circle the appropriate section to ensure proper class registration. Checks payable to TCNJ Aquatic Center.)

| <u>COURSE:</u> | <u>SECTION:</u> | | <u>FEE:</u> |
|-----------------------|------------------------|----|--------------------|
| LGT | I | II | \$200.00 |
| LGT Challenge | I | II | \$100.00 |
| CPR Pro | I | II | \$90.00 |
| CPR Challenge | I | II | \$45.00 |
| AED/Oxygen | I | II | \$75.00 |
| LGT Instructor | I | | \$295.00 |
| WSI | I | | \$275.00 |
| P.O.O.L. | I | | \$175.00 |

Total Fee Enclosed: _____

Check on-line (www.tcnj.edu/~aquatics) for required textbooks.
For further questions please call (609) 771-3249.

Mail completed Registration Form, Consent Form, and Check/Money Order to:

The College of New Jersey
Aquatic Center
PO Box 7718
Ewing, NJ 08628

Amount Received: _____
Date Received: _____

Check Number: _____
Confirmation Sent: _____
Staff: _____