

Swim School Registration Form

Parent Name: _____

Participant Name: _____ Age: _____

Participant Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Vehicle Make: _____

License Plate #: _____ State: _____

Please circle the appropriate boxes before reaching the registration table.

LEVEL	SESSION	TIME
Parent/Toddler	Weekday I	<i>Weekdays</i>
1 Pre-School	Weekday II	4:05pm
2 Primary Skills	Weekday III	<i>Saturdays</i>
3 Stroke Readiness	Saturdays	9:30 am
4 Stroke Readiness	Tuesdays	10:20 am
5 Stroke Refinement		11:10 am
6 Skill Proficiency		<i>Tuesdays</i>
7 Advanced Skills		7:00 pm
Adult		7:45 pm

Please bring completed Registration Form, Participant Activity Consent Form and check or money order with you to registration.

TCNJ Aquatic Center in Packer Hall
(609) 771-3249

<i>Office Use Only</i>	
<i>Amount Received:</i> _____	<i>Check Number:</i> _____
<i>Date Received:</i> _____	<i>Confirmation Sent:</i> _____
<i>Permit #:</i> _____	<i>Staff:</i> _____