

aquatics registration form

participant information

DATE: _____

NAME _____ AGE _____ E-MAIL _____

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STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ HOME PHONE _____ MEMBER NON MEMBER

emergency contact information

NAME _____ CELL PHONE _____ HOME PHONE _____

parent information (if under 18 years old)

NAME _____ E-MAIL _____

CELL PHONE _____ HOME PHONE _____

have you had lessons? NO YES, WHEN? _____ WHERE? _____

level (check one) BEGINNER INTERMEDIATE ADVANCED COMPETITIVE

swimming lessons 16 CLASSES 8 CLASSES 4 CLASSES 2 CLASSES

class names PARENT & ME RED CROSS LIFEGUARDING
 SWIM TEAM WATER SAFETY INSTRUCTION
 SCUBA DIVING COMPETITIVE STROKE
 GROUP SWIM LESSONS*

preferred time (check one) EARLY AM DAY AFTERNOON EVENING

preferred day(s) MONDAY TUESDAY WEDNESDAY THURSDAY
 FRIDAY SATURDAY SUNDAY

request for specific instructor _____

***please list 2 preferred group lessons days + times:** _____

policies & procedures

questions? Please contact the aquatics manager at 609.799.7777.

general policies

- 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 towel, 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

- 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

- 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.

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

SIGNATURE _____ DATE _____

PRINT NAME _____



Princeton
Fitness & Wellness
at Plainsboro

waivers

waiver

The undersigned parent/guardian on behalf of _____ ("Child") agrees that engaging in any program at Princeton Fitness & Wellness at Plainsboro (PF&WP) 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 PF&WP, (including its officers, agents, employees and instructors) for all such claims, demands, injuries, damages, or causes of action, with respect to any PF&WP 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

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

In case of an emergency or incident, I (parent's name) _____ give permission to the staff of the PF&WP 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: _____

Emergency Contact: _____ Emergency Contact #: _____

Parent Signature: _____ Date: _____

Please Print: _____

Taken By: _____ Date: _____



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