Avon-By-The-Sea Municipal Pool
Ocean Avenue, Avon-By-The-Sea, New Jersey 07717
(732) 502-4524

REGISTRATION FORM

DATE _____ CHILD'S NAME _____

ADDRESS _____

PHONE # _____ EMAIL _____

AGE _____ DOB _____ FALL SCHOOL GRADE _____ POOL BADGE # _____

TOTAL FEE: _____ CHECK # _____ CASH _____ A.R.C. AUTHORIZATION _____

ACTIVITIES

SWIM LESSONS

The Avon pool offers four separate sessions of swim lessons. Sessions are offered at two times, and students will be assigned to a group (either 9:00 to 9:30 a.m. or 9:30 to 10:00 a.m.). Each session is two consecutive weeks, Monday through Thursday. Friday's are reserved for make-ups due to inclement weather. Cost is $30 per student per session**.**

Unfilled session slots may be filled with non-pool members on a first come basis.

Place a check next to the session(s) you are registering for, and fill in the dates accordingly

_____ Session I Dates: _____

_____ Session II Dates: _____

_____ Session III Dates: _____

_____ Session IV Dates: _____

WATER BALLET

Pool members only – badge required

Water Ballet commences on _____. Grades K-4 practice two weekday mornings Monday through Friday for 30 minutes between 8:00 and 9:00 am. Grades 5-9 practice Monday and Wednesday evenings from 7:00 to 9:00 pm. All participants are expected to attend all practices, unless otherwise discussed with the coach. The show will be held on Wednesday, _____. All participants will be required to purchase a swim suit. Water Ballet Registration fee is $40.

SWIM TEAM

Pool members only – badge required

Swim team commences on _____. Practices are held between 5:00 p.m. and 7:00 p.m. on Monday, Tuesday, Thursday and Friday. All participants are expected to attend all practices and meets, unless otherwise discussed with swim coach. A meet schedule will be distributed as it becomes available. All participants will be required to purchase a team swim suit. Swim Team Registration fee is $30.

By signing and returning this form, I hereby agree to permit my child to participate in the activities indicated above. Further, I agree to assume responsibility for any injury or illness resulting from said activities, and do hereby hold harmless, and waive all right and action I may have against the Borough of Avon, Avon Recreation , Avon Pool and all other persons involved in the organization, or any facility involved in recreation programs. I will assume all responsibility for my child's transportation to and from activities. I agree to abide by all rules, regulations and policies set down by the Avon Pool.

_____ _____

PARENT / GUARDIAN SIGNATURE PARENT / GUARDIAN CELL PHONE #

EMERGENCY CONTACT PERSON

Please indicate the name, address and phone number of someone that you want to be notified in the event of an emergency. In an extreme emergency, the Avon First Aid will be called and then the emergency contact will be notified.

_____

NAME ADDRESS PHONE #

MEDICAL INFORMATION: _____