



STROKE AND TURN



LAWRENCE TOWNSHIP RECREATION DEPARTMENT
REGISTRATION, UNDERSTANDING, AGREEMENT AND CONSENT

PARTICIPANT INFORMATION (PLEASE PRINT)

NAME _____ BIRTHDATE _____
Grade Male Female

ADDRESS _____
STREET CITY STATE ZIP

PHONE # _____ / _____
HOME WORK

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

APRIL 4 to MAY 11

Registering For: PLEASE CHECK

Level I Fee: (\$70) TU/TH (7:45-8:45) _____

The **Level I** program is for individuals who are capable of swimming multiple laps of all four strokes with general ease.

Level II Fee: (\$70) TU/TH (6:45-7:45) _____

Level II participants must be capable of swimming at least 1 nonstop length of the pool in each freestyle and backstroke and a working knowledge of butterfly and breaststroke.

FOR AGES 6-14 YEARS OLD

NON-RESIDENTS ARE ACCEPTED AT TWICE THE FEE IF SPACE IS AVAILABLE AFTER RESIDENTS ARE PLACED.

FINAL ACCEPTANCE AND PLACEMENT WILL BE DETERMINED BY THE COACHING STAFF.

I _____ realize there is a risk of being injured that is inherent in all sports.
(Please print name)

I realize the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis, or even death. I understand this and attest that the above information is correct and wish to participate in the Lawrence Township Recreation Department Recreation programs.

REFUND POLICY

Refunds for the registration fee will be assessed a 25% administrative fee for withdrawing prior to the start of a program. No refunds will be issued after the program has started.

SIGNATURE

DATE

THOSE INDIVIDUALS INTERESTED IN RECEIVING FINANCIAL ASSISTANCE FOR
REGISTRATION FEES SHOULD CONTACT THE RECREATION OFFICE AT 844 - 7067.

Return Completed Registration and Fee to: Lawrence Township Recreation Department
2207 Lawrenceville Road
Lawrenceville N.J. 08648

LAWRENCE TOWNSHIP RECREATION DEPARTMENT

PARENTAL PERMISSION AND MEDICAL DATA FORMS

I hereby give permission for my child _____ to participate in
Please print child's name
the Lawrence Township Recreation Department _____ Program. I also
give permission for my child to receive any medical or surgical care necessary from a physician,
hospital, or emergency squad. I understand that every reasonable attempt will be made to notify
me prior to treatment and I give permission for the physician or hospital to treat my child in the
event I am not able to provide consent.

MEDICAL INFORMATION AND DATA

Date of Birth _____ Age _____

Health Insurance (name & number) _____

Child is allergic to the following _____

Special medical problems of child _____

Hospital Preference _____

Emergency Contact _____ (_____) Phone _____

Name	Relationship	Phone
Relative Name _____	_____	_____

My child is permitted to: ride a bicycle home _____

Yes No

walk home _____

Yes No

Signature _____ Date _____

Name (printed) _____

Address _____

Home phone _____ Cell phone _____