

Cedarland Aquatic Center Registration Form

Please complete the registration form and return with full payment to:

Cedardale, Inc., c/o Kelly Simard, 931 Boston Rd., Haverhill, MA 01835

Make all checks payable to Cedardale, Inc.

Keep in mind that to receive the Member Fee the individual registering for the class/swim club must be a current Cedarland Aquatic Center Member or a FULL Member of Cedardale Health & Fitness. You will be notified if we are unable to register you for the desired class. For more information or questions please contact (978) 373-1596 or (978) 521-7700.

Parent's Name: _____ Member No. _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ E-Mail: _____

Participant's Name	DOB	Age	Memb. No.	Session #	Program Name	Day	Time	Fee
1.								
2.								
3.								
4.								
5.								
TOTAL DUE \$								

I acknowledge that:

1. There are no makeups for missed classes.
2. There will be a \$15.00 surcharge for any cancelled lessons or transfers in time/day or session.
3. I allow Cedardale the use of all photos taken of my child during lessons to be used for advertising and promotional materials.

Parent's Signature _____