



CEDARLAND AQUATIC CENTER

Swim Registration Form - Fall 2019 - Spring 2020



Complete the registration form and return with full payment to Cedardale Health & Fitness, Attn: Bookkeeping, 939 Boston Road, Haverhill, MA 01835. Please keep in mind that to receive the Member rate the individual registering for the class must be a Cedardale Member. Make all checks payable to Cedardale, Inc. You will be notified if we are unable to register you for the desired class. Call (978)373-1596 with questions.

Parent's Name _____ Address _____ City/State/Zip _____

Phone(H) _____ Phone(W) _____ Cell _____ Email _____

Swim Lessons/Teams:

Participant's Name	DOB	Age	Class	Day/Time	Session #	Fee
1. _____	_____	_____	_____	_____	1 / 2 / 3 / 4 / 5	\$ _____
2. _____	_____	_____	_____	_____	1 / 2 / 3 / 4 / 5	\$ _____
3. _____	_____	_____	_____	_____	1 / 2 / 3 / 4 / 5	\$ _____
4. _____	_____	_____	_____	_____	1 / 2 / 3 / 4 / 5	\$ _____

Policies & Parental Tips/Information

1. No make-ups for classes missed or refunds once the session has started.
2. If you decide to continue on to the next session of swim lessons, please sign-up as soon as possible as the classes fill up quickly. Your spot is not guaranteed without payment.
3. Please speak positively to your child even on bad days. It is not always easy to be brave doing new things.
4. Parents of swimmers under 4 years should secretly wear a swimsuit under their clothes on the first day of class. You may have to join us if your child is having problems adjusting to swimming without you.

I consent to Cedardale, Inc. using a picture of my child in marketing material. Signature: _____ Date: _____

****There is a \$15.00 processing fee for any program cancellation or change in day, time, or session made by the participant.** There are no refunds or changes once the session begins. I understand Cedardale's swim policies and procedures.**

Signature: _____

Date: _____