River Edge Swim Club

Teenage Membership Registration form Grades 7 – 12

Name:		
Address:		
Birthdate:	Grade:	Phone #:
Parent's Name:		Parent Cell #:
Parents Email:		
Emergency contact infor	mation if parent is unavaila	ıble:
Name:		
Phone#:	Relationship to Teen:	
join the pool as a teen mer rules and the lifeguard star	mber (not a family member ff. I don't hole the pool state	ool realizing that must pass a swim & dive test to rship). I understand that my child must obey all pool ff responsible for my teen's whereabouts when they f my teen is not obeying the posted rules and
hereby releases and agrees and employees harmless f	s to hold River Edge Swim	swimming has inherent risk and by my signature Club, Inc., its members, board of trustees, officers, r loss, injury or damages resulting from my and/or iver Edge Swim Club, Inc.
Parents Signature:		
Teen Signature:		
Date:		
Mail Form and Payment	to;	

You can also drop the form and payment off in the green mailbox in front of the pool.

River Edge Swim Club 600 Riverside Way River Edge, NJ 07661