

River Edge Swim Club

2024 Teenage Membership Registration form

Grades 7 – 12

Name: _____

Address: _____

Birthdate: _____ Grade: _____ Phone #: _____

Parent's Name: _____ Parent Cell #: _____

Parents Email: _____

Emergency contact information if parent is unavailable:

Name: _____

Phone#: _____ Relationship to Teen: _____

Summer 2024 Fees: \$314.54 for 30 daily passes for the season (Including state sales tax).

Parental Consent:

I give consent for my teenage child to swim at the pool, realizing that they must pass a swim & dive test to join the pool as a teen member (not a family member). I understand that my child must obey all pool rules and the lifeguard staff. I don't hold the pool staff responsible for my teen's whereabouts when they are dropped off at the pool. I realize I will be called if my teen is not obeying the posted rules and regulations.

“By submitting this registration, I acknowledge that swimming has inherent risk and, by my signature with this release, agree to hold River Edge Swim Club, Inc., its members, board of trustees, officers, and employees harmless from any liability for loss, injury or damages resulting from my and my child's voluntary participation as a member of River Edge Swim Club, Inc.

Parents Signature: _____

Teen Signature: _____

Date: _____

Mail Form and Payment to;

River Edge Swim Club
Attn: Business Manager
600 Riverside Way
River Edge, NJ 07661

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