RODALE AQUATIC CENTER
FAX/MAIL REGISTRATION FORM

FAX 610-740-3797

Participant's Name: _____ **DOB**: _____
(If under 18 years of age)

Is the participant a Cedar Crest College Community Member? No Trustee Faculty Staff Student Alumna

The following is required for any registrations submitted by fax or mail:

Parent or Guardian's Name: _____
(if participant is under 18 years of age)

Address: _____
Street City State Zip

Home Phone: _____Work Phone: _____

Cell Phone: _____Email: _____

Emergency Contact: _____ **Phone**: _____

Level/Class Name	Class Code	Day(s)	Time	Price
_____	_____	_____	_____	$ _____
_____	_____	_____	_____	$ _____

Please List Alternate Class Choices:

_____	_____	_____	_____	$ _____
_____	_____	_____	_____	$ _____

Enrollment Fee…..…..$20 (one time only) $ _____

Practice Swim……... $4.00 per visit $ _____

Family Swim……. $84 per 8 Weeks (Fall, Winter, Spring) …. $124 per 11 Weeks (Summer) $ _____

TOTAL **$ _____ ***

* WHEN YOUR REGISTRATION IS RECEIVED AND PROCESSED,
YOU WILL BE CONTACTED BY PHONE FOR PAYMENT INFORMATION.

THE REGISTRATION PROCESS WILL BE COMPLETE AND THE STUDENT WILL BE ENROLLED IN CLASS WHEN PAYMENT IS RECEIVED.

WE HIGHLY RECOMMEND THAT YOU REGISTER IN PERSON.

Paid By: Initials:

Amount:

Office Use Only:

Participant: Current Past New

Check Waiver: _____

Update Exp Info: _____

Info Check: _____