

Rodale Aquatic Center
Registration for Private & Semi-Private
FAX 610-740-3797

Scheduled Class	
Day:	Time:
Instructor:	

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

Name of Partner if Semi-Private: _____

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

If you have never been enrolled in a class at the Rodale Aquatic Center or your contact information has changed, please complete the following:			
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: _____	

Class time Preferences:

First Preference Day: _____ Time: _____

Second Preference Day: _____ Time: _____

Third Preference Day: _____ Time: _____

Instructor Preference, if any: _____

** This does not guaranty you will be assigned the instructor requested.*

Date: _____ Circle One: Called & confirmed Left Msg Other Staff Initials: _____

If other, please note: _____

Date: _____ Circle One: Called & confirmed Left Msg Other Staff Initials: _____

If other, please note: _____

Paid By: _____	Initials: _____
Amount: _____	

Participant:	New	Current	Past
Check Waiver:	_____		
Update Exp Info:	_____		
Info Check:	_____		