

Fall 2009 Aquatic Program Registration Form

Participant Name _____ ASU ID # _____ Age _____ Sex: M F

Contact E-mail _____ Mailing Address _____

City _____ Zip _____ Home # _____

Parent's Name _____

Emergency Contact: _____ Work # _____ Home # _____

AGREEMENT: "I do hereby release Arizona State University, the State of Arizona, the Board of Regents, employees and student employees of all liability related to injuries or accidents to myself which may occur as a result of participation in Campus Recreation Programs."

PARENT OR GUARDIAN'S SIGNATURE

DATE

Please check the program you are participating in:

Poly Pool Swim Lesson Program

_____ Adult Group Swim Lessons (\$30 for student, \$40 for non student)

_____ Single Private Lessons: 4 hours for one person (\$50 for student, \$75 for non student)

_____ Buddy Private Lessons: 4 hours for buddy swim (\$35 for per student, \$55 for per non student)

FOR PAYMENT INFORMATION ONLY

Received by: _____ Date: _____

Cash: Y N Check # _____ CC _____

Amount of registration fee: _____

Name on Check/CC: _____

FOR REFUNDS ONLY

Refunded Amount: _____

Approved by: _____

Date: _____

PVQ Doc. #: _____