Swimmer #1: Name ___________________________ Level _______________

Swimmer #2: Name ___________________________ Level _______________

Parent/Guardian Name: _______________________________________________________

Cell phone number: ___________________________________________________________

Email: *(required)*

Only email will be used as the notification method for any class time changes or postponements due to weather or other circumstances. It will also be used for new session announcements.

Classes are given on Wednesday Nights or Saturday Mornings

*Please circle your preferred session:*

**Wednesday:** April 15 – June 3:  5:30 PM

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**Saturday:** April 18 - June 13:  10:00 AM or 10:30 AM

*(Pool will be closed on Saturday, June 6th)*

***REGISTRATIONS WILL ONLY BE TAKEN AT THE LYNDHURST PARKS DEPARTMENT*****

They cannot be accepted at the pool facility NOR by MAIL.

Keep in mind that space is limited. Registrants are taken on a first come, first accepted basis. Class times cannot be changed or mixed.

Cost $140 per eight classes. NO REFUNDS - Make Checks Payable to: “Township of Lyndhurst”

**Registration Location:** Lyndhurst Parks Department, 250 Cleveland Avenue, Lyndhurst, NJ

**Class Location:** Lyndhurst Community Pool, 400 Weart Avenue, Lyndhurst, NJ

Swimmers who have 6 or more stickers with SwimAmerica are encouraged to try out for SAC swim team.

Please email Erin Miller, Program Director at emmalex2@aol.com

Or Tom Cafaro, Pool Manager at poolinfo@lyndhurstnj.org

*(For Department Use Only)*

Amount: _______________ Check # ____________________ Date Paid: _______________