



St. Francis Class Registration Form

Family Last Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-mail Address: _____

Please complete the information below for each individual registering for a class:

FIRST NAME:	DATE OF BIRTH:	CLASS CODE:	CLASS TITLE:	FEE:

If you would like to purchase or renew an Aquatic Membership, please check appropriate line.

- | | | | |
|---|----------|---|----------|
| _____ 1 Year Individual Pool Membership | \$310.00 | _____ 6 Mon. Individual Pool Membership | \$250.00 |
| _____ 1 Year Senior Pool Membership | \$280.00 | _____ 6 Month Senior Pool Membership | \$225.00 |
| _____ 1 Year Family Pool Membership | \$780.00 | _____ 6 Month Family Pool Membership | \$475.00 |
| _____ 3 Month Pool Membership | \$160.00 | | |

Please add family member name(s) if purchasing an Aquatic Membership:

NAME:	DATE OF BIRTH:

TOTAL AMOUNT \$ _____ **

*Please fill out emergency contacts.

St. Francis Registration Emergency Contact Information:

An Emergency Contact Is Needed (someone who does not reside with you) :

(If an attempt to reach parent/guardian is unsuccessful, the following person(s) will be contacted)

1. Name of Contact (other than parent/guardian): _____

Phone: _____ Address: _____

Any Medical Conditions of Registrant: _____

**In case of an emergency, permission is needed to take measures for treatment. I realize that accident insurance is not provided for participants in the Center's programs. I give permission for my child, and/or myself, to be treated in an emergency situation.

I, and/or my child, agree to abide by all rules of St. Francis Community Center or will be subject to forfeiture of membership privileges.

I, and/or my child may be photographed during lessons and activities for Social Media and/or advertisement.

I, and/or my child, understand that pool membership cards must be presented at each visit.

I understand that memberships are non-transferable.

I understand that a 75% refund will be issued for medical reasons only, and a physician's statement must accompany the request. Refund must be requested during the registered session. *

Signature: _____

Date: _____

Thank you for participating in Programs at St. Francis Community Center.

St. Francis Community Center
4700 Long Beach Boulevard
Long Beach Township, New Jersey, 08008
(609) 494-8861