

COMPLETE FORM AND MAIL TO: DV-ACE, 258 ROUTE 6 & 209, MILFORD, PA 18337-9454

All out-of-district enrollees must pay a \$20.00 non-resident fee per class, with a maximum of \$60.00 per participant or family Please Note: A separate registration form must be completed for each course taken.

FIRST NAME _____ LAST NAME _____

MAILING ADDRESS: _____

CITY/STATE/ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

COURSE TITLE DV Age Group Swim Club # OF COURSE #437

SCHOOL & ROOM DVHS Natatorium COST \$100

STUDENT'S GRADE LEVEL (if applicable) _____

AGE GROUP SWIM (CIRCLE SCHOOL STUDENTS ATTENDS) SES DVES DVMS DDPS DDES DDMS

PARENT'S NAME (if applicable) _____

ALTERNATE SELECTION: If this course is cancelled, please enroll me in: _____

PLEASE NOTE: A separate registration form must be completed for each course taken! **Please sign below**

The undersigned acknowledges that he/she is responsible for the proper utilization of the facility and equipment and acknowledges that there are inherent risks and dangers which may arise associated with this Adult Education Class. I, the undersigned willfully, voluntarily, and intelligently acknowledge the existence of risks in connection with this Adult Education Class, the use of the facility and equipment, the personal injury due to the use of the facility and equipment, and do hereby assume such risk and agree to accept the responsibility for any injuries sustained.

Signature _____ **Date** _____

OFFICE USE ONLY:

AMOUNT PD. _____ CASH/ CHECK/ MONEY ORDER # _____

NAME & ADDRESS IF DIFFERENT FROM ABOVE _____

NOTES: _____

Non-Resident Fee: \$ _____

Date Received: _____ **Received by:** _____