



1130 Grand Concourse, 4th Floor
Bronx, NY 10456
Tel: (718) 508-3040
Fax: (718) 590-5866
www.bronxworks.org

AQUATICS PROGRAM APPLICATION
Fall 2011

Parent/Adult First Name Last Name

Address Apt # Boro Zip Code

Home Phone Cell Phone Work Phone

Name of class Day class meets Time

How did you hear about the Aquatics Program?

Have you/your family ever participated in the Aquatics Program before? Yes No

If student is under the age of 18, please complete the following: Male Female
Child Name Date of Birth Age Grade
Mother's Name Home Phone
or Guardian Cell/Work Phone
Father's Name Home Phone
or Guardian Cell/Work Phone

Emergency Contact Home Phone
Relationship to student Work Phone

BronxWorks is not responsible for any participant's personal belongings. In the event of injury, I agree not to hold the BronxWorks or any of its employees responsible for any expenses that may occur.

I understand that swimming is a physical sport and therefore involves certain risks. I understand that I/my child will engage in activities such as water play, instruction, and swimming.

For Adult Programs: I declare that I am in good health and able to participate in the swimming at BronxWorks. I will inform the instructor of any special needs that I have.

Does student have any special needs, allergies or medical problems that we should be aware of? Please explain

Personal physician: Phone
Hospital Policy # Insurance #
Insurance Coverage (Medicaid, Blue Cross, Blue Shield, Medicare, etc.)
If you do not have a hospital policy number or insurance coverage, please initial here and see the program director:

I have read and approved the conditions listed on this page.

Signature of Parent/Guardian or Adult Date

Enrollments are accepted in person or by mail. Return application along with payment (check or money order) made out to 'BronxWorks' to: BronxWorks • 1130 Grand Concourse • Bronx, NY 10456 • Attn: Kimberly Haynes

Office use only: Date Fee Paid Ck/MO # Rcpt # Initial 643-40070 5/11

