



SWIM LESSON REGISTRATION FORM

Please Print.

CHECK ONE:
 Resident, Process Immediately
 NonResident, Beginning February 27, 2017

*Fax or Mail-in are Accepted! Priority will be given to those who register in person. If a family account has been established ahead of time, registration can be received by fax or mail but will be processed at the end of each business day. Please call to make sure your registration has been received. *Pertains to GROUP Swim Lessons Only. Annual Proof of Residence is Required! Round Lake Area residents need to provide two (2) forms of proof of residency. The following proof of residency requirements are: Photo State ID or Driver's License AND real estate tax bill or current utility bill (no older than 60 days), proof of recent real estate contract closing or voter's ID card.*

Family Last Name _____ Date _____

Home Address, Include City _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____

1st Child's Name:				Birthdate:				Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	
Activity #	Lesson Type	Session #	*Group Levels Only				Session Dates	Fee	
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
Please indicate if you will need inclusion services: <input type="checkbox"/> Yes <input type="checkbox"/> No								Grand Total:	

2nd Child's Name:				Birthdate:				Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	
Activity #	Lesson Type	Session #	*Group Levels Only				Session Dates	Fee	
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
Please indicate if you will need inclusion services: <input type="checkbox"/> Yes <input type="checkbox"/> No								Grand Total:	

3rd Child's Name:				Birthdate:				Gender: <input type="checkbox"/> Male / <input type="checkbox"/> Female	
Activity #	Lesson Type	Session #	*Group Levels Only				Session Dates	Fee	
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
	<input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Semi-Private		<input type="checkbox"/> Parent-Tot <input type="checkbox"/> Water Tots	<input type="checkbox"/> Swim School 1 <input type="checkbox"/> Swim School 2	<input type="checkbox"/> Primary <input type="checkbox"/> Advanced Skills	<input type="checkbox"/> Adult			
Please indicate if you will need inclusion services: <input type="checkbox"/> Yes <input type="checkbox"/> No								Grand Total:	

Complete this Section if Mailed or Sending Via Facsimile			
Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card#	Expiration Date		Security Code
Payment Amount \$	Authorized Signature		

PLEASE SIGN THE WAIVER ON THE REVERSE SIDE

Staff Initials / Date _____

**Round Lake Area Park District
POOL PASS WAIVER and RELEASE**

Photo Release

I understand that my child/ward or I may be photographed or videotaped while participating in a Round Lake Area Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes will remain the property of the Round Lake Area Park District.

Important Information

The Round Lake Area Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Round Lake Area Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Swimming is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, inspection, medical advice, conditioning and equipment, there is still a risk of serious injury, including drowning. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horse playing, diving or cannon-balling into shallow water and striking the bottom or side of the pool, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In regard, it must be recognized that it is impossible for the Round Lake Area Park District guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward may sustain as a result of participating in and all activities connected with and associated with this program/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have, (or accrue to me or my child/ward), as a result of participating in this program/activity against the Round Lake Area Park District, including its officials, agents, volunteers and employees.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE IMPORTANT INFORMATION, WARNING OF RISK, ASSUMPTION OR RISK AND WAIVER AND RELEASE OF ALL CLAIMS. IF REGISTERING ON-LINE OR VIA FAX, MY ON-LINE OR FACSIMILE SIGNATURE SHALL SUBSTITUTE FOR AND HAVE THE SAME LEGAL EFFECT AS AN ORIGINAL FORM SIGNATURE.

Family Last Name _____

Participant's Signature _____

(Parent or Legal Guardian, 18 years & older)

Date _____

PARTICIPATION MUST BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN AND DATE ARE NOT ON THIS WAIVER.