

Lena Community Park District AQUATIC REGISTRATION FORM 2022

Please do not circle session or time until the office can confirm an open spot for your child!

Office Use Only	
Cash: _____	Check# _____
Total: _____	
Staff Initials: _____	

Session: 1 2 3 4 5 6

Time: 9:00A 10:00A 7:00P PCA ONLY, 11:00A-12:00P

Level: PCA 1 PCA 2 1 2 3 4 5 6

<u>Class:</u>	<u>District Fee</u>	<u>Out of District Fee</u>
Parent/Child Aquatics	\$50	\$60
Levels 1-6	\$50	\$60

Private Swimming Lessons: _____ \$15 per 1/2hr in district _____ \$18 per 1/2hr out of district

Name(s): _____

Parent Name: _____ Email Address: _____

Address: _____ City: _____ Zip Code: _____

1 Contact Number: _____ #2 Contact Number: _____

Emergency Contact: _____ Number: _____

WAIVER AND RELEASE OF ALL CLAIMS

This Agreement is entered into on the below date between the undersigned and the Lena Community Park District (herein referred to as "District")

1. The undersigned is registering themselves or their child for participation in the above program conducted by the District.
 2. The undersigned on behalf of themselves and/or their child or ward, recognize that there is an inherent risk of injury when choosing to participate in the program.
 3. District insists that all participants follow all safety rules and instructions.
 4. The undersigned recognizes that the District does not carry medical or accident insurance for injuries sustained in its programs.
- NOW THEREFORE, in consideration of being permitted to participate in the program identified above, the undersigned for him/herself, and/or as parent or guardian of the above named participant agrees as follows:
1. The undersigned on behalf of him/herself and/or parent or guardian of the minor identified above, hereby releases, waives and discharges Lena Community Park District, its officers, Board of Directors, agents, servants, and employees from injuries, damages or loss on account of the undersigned or said child's participation in the program.
 2. The undersigned agrees to indemnify, hold harmless and defend the District, its officers, agents, servants and employees from any loss, liability, damage or cost, including reasonable attorney's fees that may incur due to participation.
 3. In the event of an emergency medical situation, I authorize the District and the officers, employees, and agents thereof to secure from any licensed hospital, physician or medical personnel and treatment deemed necessary for the undersigned or the child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.
 4. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.
 5. The undersigned states that he has carefully read the foregoing release and knows the contents thereof and signs this release as his free and voluntary act.
 6. This release shall be binding upon the undersigned, their heirs, successors and assigns.

SIGNATURE OF PARTICIPANT, PARENT, or GUARDIAN (Age 18 or older)

DATE _____

There will be a \$5.00 service charge for changing sessions after initial sign-up.

A \$5.00 service charge will be assessed for canceling aquatic lessons if requested one week or more prior to the first class. If less than one week's notice is given, the registrant will receive a \$10 service charge.