

SPRING 2019 LIFEGUARD PRESKILL REGISTRATION FORM

This registration form and payment must be submitted to UDCR concurrently. Payment must be made in full at the time of registration to ensure space in the course. Each participant must be enrolled by the registration deadline for each PreSkill offering. Form(s) can be submitted in-person at the RecPlex, or via mail, fax or email. For more information regarding Preskill and Lifeguard courses, visit our website at go.udayton.edu/campusrec.

MINORS PAPERWORK — Is collected through a system called CampDoc. Further instruction will be sent out via email upon completion of registration.

PARTICIPANT AGE — Participants must be at least 15 years of age prior to the final day of the lifeguarding course they choose to enroll in.

LIFEGUARD COURSE REGISTRATION — Participants intending to take a Lifeguarding course through UDCR must first pass one of the below Preskills courses. Upon successful completion of the Preskills, participants will be able to register for a course at the RecPlex Welcome Desk. Registration forms for the course will be provided at that time.

PROPER SWIM ATTIRE — Please ensure that you bring a swimsuit, towel and goggles (preferred, but not required) the day of the course.

COURSE LOCATION — All courses will take place within the Aquatic Center at the University of Dayton RecPlex: 2 Evanston Ave. Dayton, OH 45409.

PARKING — Free, open parking is available on weekends in the "visitors" C Lot off of Evanston Avenue.

← PARTICIPANT INFORMATION

FIRST NAME	LAST NAME	NICKNAME
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS	CITY	STATE ZIP
HAS PARTICIPANT TAKEN A UDCR CERTIFICATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST YEARS ATTENDED: _____		
HOW DID YOU HEAR ABOUT US? (CHECK ALL THAT APPLY): <input type="checkbox"/> WEB <input type="checkbox"/> EMAIL <input type="checkbox"/> REFERRED BY: _____ <input type="checkbox"/> OTHER: _____		

← INFORMATION FOR REGISTRATION AND PAYMENT

FIRST NAME	LAST NAME	PHONE	EMAIL
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← PRESKILL COURSE SELECTION

*Registration for each course ends when a course reaches max capacity (20 participants) or at the registration deadline, whichever comes first.

<input type="checkbox"/> <p>PRESKILLS 1 \$15 SUNDAY, JANUARY 27 NOON-1:00PM</p> <p>Registration Deadline: 1/20/19</p>	<input type="checkbox"/> <p>PRESKILLS 2 \$15 SUNDAY, FEBRUARY 10 NOON-1:00PM</p> <p>Registration Deadline: 2/3/19</p>
<input type="checkbox"/> <p>PRESKILLS 3 \$15 SUNDAY, FEBRUARY 17 NOON-1:00PM</p> <p>Registration Deadline: 2/10/19</p>	<input type="checkbox"/> <p>PRESKILLS 4 \$15 SUNDAY, MARCH 3 NOON-1:00PM</p> <p>Registration Deadline: 2/24/19</p>
<input type="checkbox"/> <p>PRESKILLS 5 \$15 SUNDAY, MARCH 31 NOON-1:00PM</p> <p>Registration Deadline: 3/24/19</p>	<input type="checkbox"/> <p>PRESKILLS 6 \$15 SUNDAY, APRIL 7 NOON-1:00PM</p> <p>Registration Deadline: 3/31/19</p>



University of Dayton
**Campus
Recreation**

TOTAL OF THIS FORM: _____

(To be paid at time of registration)

PROCESSED BY: _____ DATE: _____

CAMPUS RECREATION | PARTICIPANT AGREEMENT

I recognize and acknowledge that use of UD Campus Recreation facilities, equipment, and programs entails certain inherent risks that could result in physical or emotional injury. I voluntarily and freely assume all risk of accident, injury, illness, or damage to or loss of property which I may sustain as a result of participating in any and all activities associated with UD Campus Recreation.

I hereby declare that I am in good health and have no mental or physical condition or symptoms that could interfere with my safety or the safety of others while participating in any activity using any equipment or facilities of UD Campus Recreation. Furthermore, I certify that I have adequate health insurance to cover any injury or damage that I may suffer while participating, or alternatively, agree to bear all costs associated with any such injury or damages to myself.

I the undersigned do hereby release, hold harmless, indemnify, waive and discharge the University of Dayton and all its officers, agents, and employees from and against any and all claims, demands, actions or causes of action arising from any injuries or damages I may suffer or sustain from my participation in, or use of, any facility, equipment, and/or programs. Furthermore, in full recognition and appreciation of the potential dangers and hazards inherent in athletic and other activities, I do hereby agree to assume any and all risks, liabilities, and responsibilities for all accidents, injuries, damages, or property losses arising from my participation.

In the event of a medical emergency requiring more than basic first aid, I authorize University of Dayton officials and Board of Trustees of University of Dayton to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

PRINT NAME OF PARTICIPANT

PRINT NAME OF PARENT/LEGAL GUARDIAN (IF UNDER 18)

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF UNDER 18)

DATE

DATE



University of Dayton
**Campus
Recreation**