

SPRING 2019 PRIVATE SWIM LESSON REGISTRATION FORM

This registration form and full payment must be submitted to UDCR concurrently. Form(s) can be submitted in-person at the RecPlex, or via mail, fax or email. Private lessons constitute one participant paired with one instructor in which the participant has choice of day(s) and time.

SCHEDULING LESSONS — Please allow 5–7 days after payment is processed for scheduling to be completed. Private lessons are not available during Group Swim Lessons (Mondays, Tuesdays, Wednesdays 5:30pm–7:30pm and Saturdays 12:30pm–1:30pm).

LESSON EXPIRATION — 6 months from date of purchase.

MINORS PAPERWORK — Is necessary for participants under the age of 18 and is collected through a system called CampDoc. Further instruction will be sent out via email upon completion of registration.

UDCR MEMBER RATE — The participant or parent/guardian of the participant must be a UDCR Member to receive this rate.

CANCELLATION POLICY — Cancellation notifications must be made at least 24 hours in advance in order for a make-up lesson to occur. Please contact your instructor directly.

PARKING — A permit is required to park in UD lots prior to 7:30pm on weekdays. UDCR sells 30-day parking permits for \$25. *More than one permit may be needed per session.* This pass allows access to lots S2 or C. No permit is needed in the “visitors” C Lot after 7:30pm on weekdays or weekends. Permits purchased through Campus Recreation will be available on the the first day of the registered session.

PARTICIPANT INFORMATION		
FIRST NAME	LAST NAME	EMAIL
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME OF PARENT/GUARDIAN (IF UNDER THE AGE OF 18)	DAY PHONE	EVENING PHONE
STREET ADDRESS	CITY	STATE
		ZIP
HAS THIS PERSON TAKEN UDCR SWIM LESSONS 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: _____		

FILL OUT THE INFORMATION BELOW FOR PREFERRED LESSON PACKAGE		
4 LESSON PACKAGE		
LEVEL PREFERENCE: <input type="checkbox"/> Parent/Child <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Preschool Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Preschool Level 2 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> Advanced Swim <input type="checkbox"/> Adult Beginner <input type="checkbox"/> Adult Intermediate <input type="checkbox"/> Adult Advanced	DAY(S)/TIME(S) PREFERENCE: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	COMMENTS/ADDITIONAL INFORMATION: _____ MEMBERSHIP STATUS: <input type="checkbox"/> \$65 • Member <input type="checkbox"/> \$85 • Non-Member
6 LESSON PACKAGE		
LEVEL PREFERENCE: <input type="checkbox"/> Parent/Child <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Preschool Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Preschool Level 2 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> Advanced Swim <input type="checkbox"/> Adult Beginner <input type="checkbox"/> Adult Intermediate <input type="checkbox"/> Adult Advanced	DAY(S)/TIME(S) PREFERENCE: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	COMMENTS/ADDITIONAL INFORMATION: _____ MEMBERSHIP STATUS: <input type="checkbox"/> \$85 • Member <input type="checkbox"/> \$105 • Non-Member

PARKING PERMITS AVAILABLE ON A MONTHLY BASIS

2019 Monthly Parking Permit Fee: \$25

YES, I will be needing 30-day parking permits over the course of swim lessons this semester.
A UDCR representative will assist you with purchasing your parking permits alongside payment for lessons. More than one permit may be needed.

NO, I will not need parking permits.

***TOTAL PERMIT COST: _____**

**Please review and sign the Participant Agreement on page 2.*



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**

UPDATED NOVEMBER 2018