

Campus Recreation ADULT SEMI-PRIVATE Swim Lessons

SPRING 2017 Registration Form

Visit go.udayton.edu/campusrec for more details on this course.

Campus Recreation

To register, please complete this form and submit by the registration deadline; choose one of the following:

- 1.) Bring the completed form with your payment to UDCR Main Office or Welcome Desk located in UDCR RecPlex.
- 2.) Fax this form to (937) 229-2703. A UDCR representative will call you for your credit card payment information.

SEMI-PRIVATE LESSONS: Swim lessons for 2-5 ADULTS in which the patron has the choice of date, time and additional group members. All group members must be at similar swimming levels. ***all participants must be over the age of 18 at the time of registration.**

CANCELLATION POLICY: Cancellation notifications must be made at least 8 hours in advance in order for a make up lesson to occur, please contact your instructor directly.

PARTICIPANT INFORMATION:

<input style="width: 100%;" type="text"/> <small>PARTICIPANT'S NAME</small>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input style="width: 100%;" type="text"/> <small>DATE OF BIRTH: mm/dd/yyyy</small> <small>AGE</small>
<input style="width: 100%;" type="text"/> <small>DAY PHONE</small>		<input style="width: 100%;" type="text"/> <small>EVENING PHONE</small>	
<input style="width: 30%;" type="text"/> <small>STREET ADDRESS</small>	<input style="width: 20%;" type="text"/> <small>CITY</small>	<input style="width: 20%;" type="text"/> <small>STATE</small>	<input style="width: 20%;" type="text"/> <small>ZIP</small>
<input style="width: 100%;" type="text"/> <small>E-MAIL</small>		<input style="width: 100%;" type="text"/> <small>Other</small>	
How did you find out about swim lessons? <input type="checkbox"/> Flyer <input type="checkbox"/> Email <input type="checkbox"/> Friend <input type="checkbox"/> Web Search			

ADDITIONAL PARTICIPANT(S):

1 <input type="text"/>	3 <input type="text"/>
2 <input type="text"/>	4 <input type="text"/>

Note: All participants must complete a registration form. Listing names allows us to ensure lessons are scheduled together.

SELECT OPTION(S):

LEVEL [CHECK ONE]	DAY [CHECK PREFERRED DAYS] / TIME PREFERRED	UDCR MEMBERSHIP STATUS:
Semi-Private Lessons: 4 lessons		
<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Requested time(s): _____ # lessons/week: _____	<input type="checkbox"/> UDCR Member: \$55 <input type="checkbox"/> Non-member: \$75 <input type="checkbox"/> Parking permit \$20
Semi-Private Lessons: 6 lessons		
<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Requested time(s): _____ # lessons/week: _____	<input type="checkbox"/> UDCR Member: \$75 <input type="checkbox"/> Non-member: \$95 <input type="checkbox"/> Parking permit \$20

PAYMENT:

Total Due Add cost of selected sessions and parking

Payment Method (check one)

- Cash Check VISA MasterCard AmEx Discover

***Please do not forget to sign the Participant Agreement on page 2.**

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

Signature of Participant

Date