

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.

PARKING: A permit is required to park in UD lots prior to 7:30p on weekdays. As such, you may secure a parking permit by contacting UD Parking Services or pay UDCR \$18 for a monthly parking permit that includes Lot C and/or S2, which will be available at time of your first lesson if purchased. No permit is needed in the "visitors" C Lot after 7:30p on weekdays or on weekends. A parking permit is valid one calendar month from the date of purchase.

SIBLING RATE: GROUP Swim Lesson **SIBLING RATE** for the 2015-16 academic year. Full price for the first child, \$5 off every additional sibling.

*rates subject to change upon annual review

Participant Information

*NOTE: Emergency Medical Plan(EMP) REQUIRED for all participants under the age of 18. EMP located on the website or in RecPlex.

EMP valid for 1 year from time of submission. EMP can be updated at any time, please email arupp1@udayton.edu to update.

_____		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	_____	_____
PARTICIPANT'S NAME			DATE OF BIRTH: mm/dd/yyyy	AGE
_____		_____		_____
NAME OF PARENT/GUARDIAN (if under 18)		DAY PHONE		EVENING PHONE
_____		_____		_____
STREET ADDRESS	CITY	STATE	ZIP	E-MAIL
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		_____
				Other

Select Option(s)

LEVEL [CHECK ONE]: There is MIN 2/MAX 5 children per group swim lesson; sessions that don't reach the minimum will be cancelled.
Session 1: Mon/Wed 9.9.2015-9.30.2015 (Over the duration of four weeks, two lessons per week, seven lessons total)

<p>MON/WED 5:30p-6:20p</p> <p><input type="checkbox"/> Preschool (1) <input type="checkbox"/> Preschool (2) <input type="checkbox"/> Preschool (3)</p> <p><input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6</p> <p><input type="checkbox"/> ADV Swim <input type="checkbox"/> Adult (1) <input type="checkbox"/> Adult (2)</p> <p>MON/WED 6:30p-7:20p</p> <p><input type="checkbox"/> Preschool (1) <input type="checkbox"/> Preschool (2) <input type="checkbox"/> Preschool (3)</p> <p><input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6</p> <p><input type="checkbox"/> ADV Swim <input type="checkbox"/> Adult (1) <input type="checkbox"/> Adult (2)</p>	<p style="text-align: center;"><i>Rate is determined by Parent/Guardian's UDCR Membership status:</i></p> <p><input type="checkbox"/> UDCR Member: \$45</p> <p><input type="checkbox"/> Non-member: \$65</p> <p><input type="checkbox"/> Parking Permit: \$18</p> <p>For SIBLING RATE, deduct \$5 for all additional siblings</p> <p style="text-align: right;"><i>*Registration Deadline: September 2, 2015</i></p>
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LEVEL [CHECK ONE]: There is MIN 2/MAX 5 children per group swim lesson; sessions that don't reach the minimum will be cancelled.
Session 2: Mon/Wed 10.5.2015-10.28.2015 (Over the duration of four weeks, two lessons per week, seven lessons total; No lesson 10.7.2015)

<p>MON/WED 5:30p-6:20p</p> <p><input type="checkbox"/> Preschool (1) <input type="checkbox"/> Preschool (2) <input type="checkbox"/> Preschool (3)</p> <p><input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6</p> <p><input type="checkbox"/> ADV Swim <input type="checkbox"/> Adult (1) <input type="checkbox"/> Adult (2)</p> <p>MON/WED 6:30p-7:20p</p> <p><input type="checkbox"/> Preschool (1) <input type="checkbox"/> Preschool (2) <input type="checkbox"/> Preschool (3)</p> <p><input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6</p> <p><input type="checkbox"/> ADV Swim <input type="checkbox"/> Adult (1) <input type="checkbox"/> Adult (2)</p>	<p style="text-align: center;"><i>Rate is determined by Parent/Guardian's UDCR Membership status:</i></p> <p><input type="checkbox"/> UDCR Member: \$45</p> <p><input type="checkbox"/> Non-member: \$65</p> <p><input type="checkbox"/> Parking Permit: \$18</p> <p>For SIBLING RATE, deduct \$5 for all additional siblings</p> <p style="text-align: right;"><i>*Registration Deadline: September 28, 2015</i></p>
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LEVEL [CHECK ONE]: There is MIN 2/MAX 5 children per group swim lesson; sessions that don't reach the minimum will be cancelled.

Session 3: Mon/Wed 11.2.2015-11.23.2015 (Over the duration of four weeks, two lessons per week, seven lessons total)

MON/WED 5:30p-6:20p

Preschool (1) Preschool (2) Preschool (3)

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

ADV Swim Adult (1) Adult (2)

MON/WED 6:30p-7:20p

Preschool (1) Preschool (2)

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

ADV Swim Adult (1) Adult (2)

Rate is determined by Parent/Guardian's UDCR Membership status:

UDCR Member: \$45
 Non-member: \$65
 Parking Permit: \$18

For SIBLING RATE, deduct \$5 for all additional siblings
 *Registration Deadline: October 26, 2015

LEVEL [CHECK ONE]: There is MIN 2/MAX 5 children per group swim lesson; sessions that don't reach the minimum will be cancelled.

Session 4: Tuesday's 9.1.2015-10.13.2015 (One lesson per week for seven lessons total)

TUE 5:30p-6:20p

Parent Child Preschool (1) Preschool (2) Preschool (3)

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

ADV Swim Adult (1) Adult (2)

TUE 6:30p-7:20p

Parent Child Preschool (1) Preschool (2) Preschool (3)

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

ADV Swim Adult (1) Adult (2)

Rate is determined by Parent/Guardian's UDCR Membership status:

UDCR Member: \$45
 Non-member: \$65
 Parking Permit: \$18

For SIBLING RATE, deduct \$5 for all additional siblings
 *Registration Deadline: August 25, 2015

LEVEL [CHECK ONE]: There is MIN 2/MAX 5 children per group swim lesson; sessions that don't reach the minimum will be cancelled.

Session 5: Tuesday's 10.20.2015-12.1.2015 (One lesson per week for seven lessons total)

TUE 5:30p-6:20p

Parent Child Preschool (1) Preschool (2) Preschool (3)

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

ADV Swim Adult (1) Adult (2)

TUE 6:30p-7:20p

Parent Child Preschool (1) Preschool (2) Preschool (3)

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

ADV Swim Adult (1) Adult (2)

Rate is determined by Parent/Guardian's UDCR Membership status:

UDCR Member: \$45
 Non-member: \$65
 Parking Permit: \$18

For SIBLING RATE, deduct \$5 for all additional siblings
 *Registration Deadline: October 13, 2015

LEVEL [CHECK ONE]: There is MIN 2/MAX 5 children per group swim lesson; sessions that don't reach the minimum will be cancelled.

Session 6: Saturday's 9.5.2015-10.17.2015 (One lesson per week for six- 60 minute lessons total; No lesson 10.10.2015)

SAT 12:30p-1:30p

Parent Child Preschool (1) Preschool (2) Preschool (3)

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

ADV Swim Adult (1) Adult (2)

For SIBLING RATE, deduct \$5 for all additional siblings

Rate is determined by Parent/Guardian's UDCR Membership status:

UDCR Member: \$45
 Non-member: \$65

*Registration Deadline: August 29, 2015

LEVEL [CHECK ONE]: There is MIN 2/MAX 5 children per group swim lesson; sessions that don't reach the minimum will be cancelled.

Session 7: Saturday's 10.24.2015- 12.5.2015 (One lesson per week for six- 60 minute lessons total; No lesson 11.28.2015)

SAT 12:30p-1:30p

Parent Child Preschool (1) Preschool (2) Preschool (3)

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

ADV Swim Adult (1) Adult (2)

For SIBLING RATE, deduct \$5 for all additional siblings

Rate is determined by Parent/Guardian's UDCR Membership status:

UDCR Member: \$45
 Non-member: \$65

*Registration Deadline: October 17, 2015

Total Due Add cost of selected sessions and parking

Payment Method (check one)
 Cash Check VISA MasterCard AmEx Discover

Participation 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