

**\*If participant is under the age of 18, university minors paperwork must be completed.**

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.

PRIVATE LESSONS: Swim lessons for 1 participant paired with 1 instructor in which the participant has the choice of day(s) and time.

CANCELLATION POLICY: Cancellation notifications must be made 8-24 hours in advance in order for a make up lesson to occur, please contact your instructor directly.

### PARTICIPANT INFORMATION:

		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE				
PARTICIPANT'S NAME				DATE OF BIRTH: mm/dd/yyyy		AGE	
NAME OF PARENT/GUARDIAN (if under the age of 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]	DAY [CHECK PREFERRED DAYS] / TIME PREFERRED	PARENT/GUARDIAN UDCR MEMBERSHIP STATUS:
<b>Private Lessons: 4 lessons</b>		
<input type="checkbox"/> Parent Child <input type="checkbox"/> Level 2 <input type="checkbox"/> Adult (1) <input type="checkbox"/> Preschool (1) <input type="checkbox"/> Level 3 <input type="checkbox"/> Adult (2) <input type="checkbox"/> Preschool (2) <input type="checkbox"/> Level 4 <input type="checkbox"/> ADV <input type="checkbox"/> Preschool (3) <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 6	<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: _____ comments/additional information: _____	<input type="checkbox"/> UDCR Member: \$65 <input type="checkbox"/> Non-member: \$85 <input type="checkbox"/> Parking Permit: \$17
<b>Private Lessons: 6 lessons</b>		
<input type="checkbox"/> Parent Child <input type="checkbox"/> Level 2 <input type="checkbox"/> Adult (1) <input type="checkbox"/> Preschool (1) <input type="checkbox"/> Level 3 <input type="checkbox"/> Adult (2) <input type="checkbox"/> Preschool (2) <input type="checkbox"/> Level 4 <input type="checkbox"/> ADV <input type="checkbox"/> Preschool (3) <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 6	<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: _____ comments/additional information: _____	<input type="checkbox"/> UDCR Member: \$85 <input type="checkbox"/> Non-member: \$105 <input type="checkbox"/> Parking Permit \$17

### 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

\_\_\_\_\_  
Print Name of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date