



PRIVATE SWIM LESSONS REGISTRATION FORM

FAX * MAIL-IN * DROP-OFF * ONLINE WWW.WOODRIDGEPARKS.ORG
 Participants should assume they are registered in a class unless contacted by the Park District.

IN-PERSON REGISTRATION: ARC, 8201 S. Janes Avenue, Woodridge, IL 60517 | PHONE: (630) 353-3400

FCGCC, 2600 Center Drive, Woodridge, IL 60517 | FAX: (630) 353-3320 (Credit Card Charges Only)

HEAD OF HOUSEHOLD (PLEASE PRINT):		Please check status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	
Full Name			
Primary Email Address*		Primary Phone*	
Address		City	Zip
Emergency Name		Emergency Phone	

*All communication from the Woodridge Park District will go to this email and phone.

REGISTRANT'S FULL NAME	BIRTH DATE (M/D/Y)	GENDER (M/F/ OTHER)	AGE (1ST CLASS DAY)

PRIVATE SWIM LESSONS SESSIONS DATES & TIMES

Please check your selected days and times

FEES:

\$18(R) Per Class / \$25(N) Per Class

CODE 7783: SESSION 1: JUNE 12 - JUNE 23					
TIME	6/12	6/13	6/14	6/15	6/16
8:15 - 8:45 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:00 - 9:30 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:45 - 10:15AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
10:30 - 11:00 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:00 - 5:30 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:45 - 6:15 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
TIME	6/19	6/20	6/21	6/22	6/23
8:15 - 8:45 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:00 - 9:30 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:45 - 10:15AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
10:30 - 11:00 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5 - 5:30 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:45 - 6:15 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>

CODE 7785: SESSION 3: JULY 10 - JULY 21					
TIME	7/10	7/11	7/12	7/13	7/14
8:15 - 8:45 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:00 - 9:30 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:45 - 10:15AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
10:30 - 11:00 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:00 - 5:30 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:45 - 6:15 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
TIME	7/17	7/18	7/19	7/20	7/21
8:15 - 8:45 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:00 - 9:30 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:45 - 10:15AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
10:30 - 11:00 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5 - 5:30 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:45 - 6:15 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>

CODE 7784 SESSION 2: JUNE 26 - JULY 7*					
TIME	6/26	6/27	6/28	6/29	6/30
8:15 - 8:45 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:00 - 9:30 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:45 - 10:15AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
10:30 - 11:00 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:00 - 5:30 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:45 - 6:15 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
TIME	7/3	7/4*	7/5	7/6	7/7
8:15 - 8:45 AM	M <input type="checkbox"/>	N/A	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:00 - 9:30 AM	M <input type="checkbox"/>	N/A	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:45 - 10:15AM	M <input type="checkbox"/>	N/A	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
10:30 - 11:00 AM	M <input type="checkbox"/>	N/A	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:00 - 5:30 PM	M <input type="checkbox"/>	N/A	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:45 - 6:15 PM	M <input type="checkbox"/>	N/A	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>

CODE 7786: SESSION 4: JULY 24 - AUGUST 4					
TIME	7/24	7/25	7/26	7/27	7/28
8:15 - 8:45 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:00 - 9:30 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:45 - 10:15AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
10:30 - 11:00 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:00 - 5:30 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:45 - 6:15 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
TIME	7/31	8/1	8/2	8/3	8/4
8:15 - 8:45 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:00 - 9:30 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
9:45 - 10:15AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
10:30 - 11:00 AM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:00 - 5:30 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>
5:45 - 6:15 PM	M <input type="checkbox"/>	TU <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>

CODE 7787: SESSION 5: JUNE 12 - AUGUST 5 (SATURDAYS)								
TIME	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5
9:45 - 10:15 AM	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>
10:30 - 11:00 AM	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>	SA <input type="checkbox"/>



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Woodridge Park District Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in the program(s) listed above, you will be waiving and releasing all claims for injuries you and your minor child/ward might sustain arising out of the program(s) listed above.

I recognize and acknowledge there are certain risks of physical injury to participants in the program(s) listed above and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the Woodridge Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Woodridge Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s) including transportation services and vehicle operations, when provided.

I further agree to indemnify and hold harmless and defend the Woodridge Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s). I have read and fully understand the details of the program(s) listed above and the above Waiver and Release of All Claims. If registering via fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

Make checks payable to: Woodridge Park District

The Woodridge Park District strives to comply with the 1990 Americans With Disabilities Act (ADA). Please indicate if you or any member of your family needs special assistance or accommodations to participate in the programs listed on this form: YES NO

X _____
(Signature of parent, guardian, or adult participant) Date

X _____
(Signature of parent, guardian, or adult participant) Date

Office Use Only		Total
Date	Check	\$
	Cash	
Cashier	CC	

Important Aquatic Information

WARNING OF RISK

Swimming is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, including drowning. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills, failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and striking the bottom or side of the pool, inadequate supervision or instruction, lack of conditioning, becoming disoriented, striking other swimmers, defective or inadequate equipment, striking one's head on the bottom when using a diving block, slip and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to the sport of swimming. In this regard, it must be recognized that it is impossible for the Woodridge Park District to guarantee absolute safety.

SUPERVISION OF CHILDREN

Parents/guardians are responsible for supervising their children. Lifeguards are on duty only to enforce rules and to respond in emergency situations. Children 9 and under must be supervised at all times and must be accompanied by a chaperone 18 years or older. Nonswimmers must have a chaperone 18 years or older within arms reach at all times.

HEALTH, SAFETY RULES AND REGULATIONS

Children not potty trained must wear swim diapers or plastic pants under their swimsuit. Swim diapers are available for purchase. Swim diapers must have tight fitting elastic around waist and legs or plastic pants will be required.

All guests must wear bathing suits if they are swimming in any area of the facility. Leotards, cutoffs, unlined shorts and colored T-shirts are not permitted. U.S. Coast Guard approved personal flotation devices are allowed. Water wings and other flotation devices are prohibited, except at designated times. Lifejackets are available for use with collateral (i.e. license, pass) at both facilities.

Food and beverages are available at the concession stand. Food and coolers may only be brought into the park with purchase of a cooler pass. Sealed water bottles are allowed and must contain water.

Chewing gum, oil products and glass containers are not permitted in the park.

The Park District can not be held responsible for lost or theft of any personal belongings.

Lockers are available in the locker rooms, however, patrons must supply locks or purchase one at Cypress Cove's General Store. Locks must be removed each day or they will be cut off.

Only clean shoes and sandals are permitted on the deck.

Patrons must be 42" tall to ride the tube slide, body slides and drop slide.

Smoking is prohibited inside the park. Smoking is permitted outside the facility.

Aquatic facilities may close if wind chill drops below 68 degrees, if attendance drops below 20 swimmers, or under unusual circumstances.

Persons violating any personal conduct regulations, either written or verbal, will be subject to eviction without a refund or subject to other disciplinary actions.

Rules can be added or waived by management when appropriate. All other state and local health laws apply. No refunds. Rain checks only given for inclement weather, within guidelines stated in the rain check policy.

PERMISSION TO PHOTOGRAPH/VIDEOTAPE PARTICIPANTS IS AUTHORIZED

I understand that my child/ward or I may be photographed or videotaped at any Woodridge Park District program, event or facility. Photographs and videotapes of my child/ward or me may be used to promote the Park District through press releases, brochures, the web site and other promotional materials. Such photographs and videotapes will remain the property of the Woodridge Park District. Please tell the photographer if you do not want to be photographed.

X _____
Signature of parent, guardian or adult participant Date

This section must be filled out if you are using:

VISA MASTERCARD DISCOVER AMEX

Cardholder Name _____

Exp. Date _____ CVV _____ Amount of Charge _____

"I authorize the Woodridge Park District to charge my VISA/MASTERCARD/DISCOVER/AMEX for program registration fees."

AUTHORIZED SIGNATURE

X _____

FOR OFFICE USE ONLY: Cut at dashed line and destroy (shred) immediately after entering account number into registration system.

ACCOUNT # _____