



Spring 2019 Parent-Tot Lessons Questionnaire:

We strive to make your lessons as successful as possible. In order to help us in this process, please fill out the information below.

1. Have you been in our Parent-Tot lesson program before, or has your child had swim lessons in the past?

2. If you have taken our Parent-Tot lessons before, do you have any suggestions about how the class could be improved?

3. What are the swimming skills your child is struggling with? Is there anything that you or your child is nervous about?

4. What are your goals for this class? What specific skills are you hoping to improve upon within this session?

5. Are there any days/times that you would like to see us offer additional Parent-Tot classes?



Last Name

Parent-Tot Registration
Spring 2019 Session: April 1 - June 2
No class: April 19-21, May 27

Parent's Name: _____ Email Address*: _____
Child's Name: _____ Date of Birth: _____ Gender (M / F)
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Please describe any health/behavioral issues, including allergies: _____

Please indicate your class preference (1st, 2nd, and 3rd choice) in the boxes below:

Mon. [] 9:30-10:00 AM Advanced Thurs. [] 10:00-10:30 AM Beg/Int
Tues. [] 9:30-10:00 AM Beg/Int [] 5:00-5:30 PM Beg/Int
Wed. [] 5:00-5:30 PM Beg/Int Sat. [] 8:00-8:30 AM Beg/Int
[] 6:00-6:30 PM Beg/Int [] 8:30-9:00 AM Advanced
[] 6:30-7:00 PM Beg/Int Sun. [] 10:30-11:00 AM Beg/Int
[] 7:00-7:30 PM Advanced [] 11:00-11:30 AM Advanced
Fri. [] 10:00-10:30 Beg/Int [] 11:30-12:00 AM Beg/Int

Please DO NOT schedule me on the following days: _____

Cost: Tues - Thurs (9 weeks): 1 Child = \$122.85, 2 Child = \$113.85 each
Mon, Fri-Sun (8 weeks): 1 Child = \$109.20, 2 Child = \$101.20 each

Payment must be included at time of Registration **

[] Charge existing card on file (last 4 digits) _____
[] Cash/Check
[] Use card below:
Credit Card Number: _____ Exp. Date: _____
Cardholder's Signature: _____

* All class bookings will be emailed; please make sure your email address is legible.

** All credit expires one (1) year from time of purchase.



DuPage Swimming Center Parent/Tot Policies

- _____ Effective as of the 2011 Nov/Dec Session, any monetary credit on your account from group or private lessons shall expire one (1) year after date of purchase.
Initial _____
- _____ Makeups for missed lessons are allowed if cancelled 2 hours prior to the class. All makeups must be used within the session. Refunds for unused makeups are not permitted.
Initial _____
- _____ One parent/adult must accompany each child in the water.
Initial _____
- _____ There are no refunds for the Parent/Tot lessons.
Initial _____
- _____ Children not potty-trained are required to wear a tight-fitting swim diaper and swimsuit in the pool.
Initial _____

DuPage Swimming Center Waiver and Assumption of Risk:

Important Information

The DuPage Swimming Center ("DSC") is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. DSC continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participant's safety. However, participants and parents/guardians of minors registering for group swimming lessons must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward is/are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. As such, participants must understand that certain risks, dangers and injuries due to slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, and all other circumstances, inherent to indoor swimming activities/programs exist. Therefore, it must be recognized that it is impossible for DSC to guarantee absolute safety.

Waiver and Release of All Claims

Please read this form carefully and be aware that in registering and participating in swimming lessons, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against DSC, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge DSC, including its officials, agents, volunteers and employees from any and all claims for injuries, damages, or loss that my minor child/ward or I 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 these programs/activities. This release shall be binding upon me and my heirs, legal representatives, and assigns.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Photo Release

I understand that my child/ward or I may be photographed or videotaped while participating in a DSC activity. I give permission for photos and videotapes of my child/ward or myself to be used to promote DSC. Such photos and videotapes will remain the property of the DSC.

PARTICIPATION WILL BE DENIED if the signature of parent/guardian and date are not on this waiver.
I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF ALL CLAIMS ON THIS FORM.

Name of Parent/Guardian Print: _____ Signed: _____ Date: _____

(A parent/legal guardian must fill out the registration form and sign the waiver for children under 18 years. If you're not the parent, proof of legal guardianship is required in writing.)

Please print the name(s) of Child/Children: _____