

Multi Student Discount

1 Child, 1 time per week	\$157.50
2 Children, 1 time per week	\$150.50
3 Children, 1 time per week	\$143.50

Group Lesson Registration
 DuPage Swimming Center
 2021 Fall Session
 August 30 – October 17
 (no class: Sept. 6)

Last Name

Multi Class Discount

2 nd Class per week	\$7.00 discount on 2 nd class
3 rd Class per week	\$14.00 discount on 3 rd class

Parent's Name: _____	Email Address: _____
Address: _____	City: _____ ZIP: _____
Home Phone: _____	Work Phone: _____ Cell: _____

REMEMBER: ✓ Payment due at time of booking; ✓ Signed Waiver on back of form required to process registration; ✓ Registration will not be processed if your account has a past-due balance; ✓ Please make sure that your email address is printed clearly above; ✓ All makeups expire within 60 days of the canceled class.

Last Name	First Name	Date of Birth	# of Lessons per Week	Level	Instructor Preference (Not guaranteed)	Day/Time Preference #1	Day/Time Preference #2	Physical/ Behavioral Restrictions, Allergies, etc.

Please do not schedule the following dates: _____

NOTE: Mon: 6 weeks
All other days: 7 weeks

Method of Payment: (**Payment due at time of booking**)

Cash/check

Use card listed below:

Credit Card Number: _____ Exp. Date: _____

Cardholder's Signature: _____

WHY DID YOU CHOOSE US?: _____

520 N Oakhurst Dr., Aurora, IL 60502

phone # (630) 692-1500 ext. 101

fax # (630) 692-1528

email: swim@spmspools.com





DuPage Swimming Center Group Lesson 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. It is your responsibility to know when your credits expire.
Initial

_____ You must fill out a paper registration form for EACH session. If you have credit on your account you will NOT be automatically signed up for the next session.
Initial

_____ There is a \$5 charge for any cancellations or schedule changes made less than 2 hours before your class time. Failure to cancel or show up for class will result in the full class price being charged. Cancellation fees can only be waived with a signed doctor's note indicating the date and reason for absence.
Initial

_____ Please note that instructors may miss class due to illness or other reasons. When this occurs, the instructor will be replaced with another instructor (either male or female). As a result, instructors are not 100% guaranteed. Refunds will not be given due to the gender of a substitute instructor.
Initial

_____ There will be a \$50 charge for all refunds. If you request a refund and you have not used all of the lessons in your package, the price of the lessons that you have already taken will revert back to the corresponding lesson price of the appropriate package.
Initial

_____ You must check in with your key tag at the front desk prior to each lesson. If you lose your key tag, you must purchase a new one.
Initial

_____ **All makeups must be used within 60 days of the cancelled class. After 60 days, all makeup lessons expire.**
Initial

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: _____



LAST NAME

DuPage Swimming Center Patron COVID Waiver

DuPage Swimming Center is implementing as many precautions as possible to prevent the spread of Covid-19. Despite these Precautions, D.S.C. in no way warrants or guarantees that its' patrons and their families will not be exposed to or contract COVID-19 at D.S.C. Thus, D.S.C. strongly discourages patrons who are at high risk or who have parents/guardians who are at high risk for severe illness from being at D.S.C.

As part of your patron agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I, my Children and/or my family may be exposed to and infected with COVID-19 while being at D.S.C., and that such exposure or infection may result in illness, personal injury, permanent disability, and/or death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury resulting from exposure to COVID-10 including but not limited to personal injury, disability, and /or death) to myself, my children and my family. I understand that any time a patron feels the risk is too great to attend, the patron can request to be removed from the schedule.

I hereby release, covenant not to sue, discharge, and hold harmless D.S.C., its employees, agents, and representatives from any claims arising out of my children and/or my family's exposure to COVID-10, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of D.S.C. and its employees, agents, and representatives \ whether a COVID-10 infection occurs before, during, or after being at D.S.C. I also agree to ensure that I and my family understand and will follow all of the precautions put in place by D.S.C.

_____ Name Printed

_____ Signature

_____ Date