



Last Name
-----------

**Adult Registration**  
Spring 2023 Session:  
March 20 – June 4

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

**Please indicate your class preference (1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice) below:**

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <b>Mon. _____ 6:15 - 7:00 PM</b>   | <b>Fri. _____ 9:15 - 10:00 AM</b>  |
| <b>Mon. _____ 7:00 - 7:45 PM</b>   | <b>Fri. _____ 6:15 - 7:00 PM</b>   |
| <b>Wed. _____ 5:15 - 6:00 PM</b>   | <b>Sat. _____ 8:00 - 8:45 AM</b>   |
| <b>Wed. _____ 7:00 - 7:45 PM</b>   | <b>Sat. _____ 12:00 - 12:45 PM</b> |
| <b>Thurs. _____ 6:15 - 7:00 PM</b> |                                    |

**Cost:            Wed., Thurs.: (11 weeks): \$192.50**  
**All other days: (10 weeks): \$175.00**

**DROP IN - \$18.50 per class**

<p><b>Payment must be included at time of Registration**</b></p> <p><input type="checkbox"/> <b>Charge existing card on file</b> (last 4 digits) _____</p> <p><input type="checkbox"/> <b>Cash/Check</b></p> <p><input type="checkbox"/> <b>Use card below:</b></p> <p>Credit Card Number: _____ Exp. Date: _____</p> <p>Cardholder's Signature: _____</p>
--

\*All class bookings will be emailed; please make sure your email address is legible.  
\*\*All credit expires one (1) year from time of purchase.  
**Phone: (630) 692-1500 ext. 101 · Fax: (630) 692-1528 · Email: [swim@smpspools.com](mailto:swim@smpspools.com)**



# DuPage Swimming Center Adult Lesson Policies

\_\_\_\_\_ Effective as of the 2011 Nov/Dec Session, any monetary credit on your account 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 60 days of the cancelled class.  
Initial

\_\_\_\_\_ There are no refunds for Adult lessons.  
Initial

## DuPage Swimming Center Waiver and Assumption of Risk:

### Important Information

The DuPage Swimming Center is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The DuPage Swimming Center 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 private 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. In this regard, it must be recognized that it is impossible for the DuPage Swimming Center to guarantee absolute safety.

### Waiver and Release of All Claims

Please read this form carefully and be aware that in signing up and participating in private 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 the DuPage Swimming Center, including its officials, agents, volunteers and employees.

I do hereby fully release and forever discharge the DuPage Swimming Center, 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. **PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.**

### Photo Release

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

### I HAVE READ AND FULLY UNDERSTAND THIS WAIVER AND RELEASE OF ALL CLAIMS ON THIS FORM.

Name of Participant (if over 18) \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
or Parent/Guardian: \_\_\_\_\_  
Signed: \_\_\_\_\_

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

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



### 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, DuPage Swimming Center in no way warrants or guarantees that DuPage Swimming Center's patrons and their families will not be exposed to or contract COVID-19 at DuPage Swimming Center. Thus, DuPage Swimming Center strongly discourages patrons who are at high risk or who have parents/guardians who are at high risk for severe illness from being at DuPage Swimming Center.

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 DuPage Swimming Center, 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-19 (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 like 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 DuPage Swimming Center, its employees, agents, and representatives from any claims arising out of the my, my children and/or my family's exposure to COVID-19, 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 DuPage Swimming Center and its employees, agents, and representatives and any facilities that you attend, whether a COVID-19 infection occurs before, during, or after being at DuPage Swimming Center. I also agree to ensure that I and my family understand and will follow all of the precautions put in place by Swimming Center.

\_\_\_\_\_ Name Printed

\_\_\_\_\_ Signature

\_\_\_\_\_ Date