

Group/Private Swim Lesson Registration Form

Name: _____	ID # _____ - _____ - _____	Phone Number: _____ - _____ - _____
Address: _____	City: _____	State: _____ Zip: _____
Email: _____	Date of Birth (Must be 18 at lesson start): ____/____/____	
Preferred Group Lesson Time: <input type="checkbox"/> 8:00pm-9:00pm <input type="checkbox"/> 9:00pm-10:00pm (Tuesday & Thursday)		
In Case of Emergency, Contact: _____ Emergency Phone #: _____		
Skill Level: (Select one)	<input type="checkbox"/> Learning the basics – Designed to help participants gain basic aquatic skills and swimming strokes, including the front crawl, breaststroke, and elementary backstroke. Participants also learn skills and concepts needed to stay safe around water, in addition to those needed to help themselves or others in an aquatic emergency.	
	<input type="checkbox"/> Improving Skills and Swimming Strokes – Seeks to improve participants' proficiency in basic aquatic skills (including rotary breathing, surface dives, and treading) and the six basic swimming strokes (front crawl, back crawl, butterfly, breaststroke, elementary backstroke and sidestroke). Participants also learn skills and concepts needed to stay safe around water, in addition to those needed to help themselves or others in an aquatic emergency.	
Lesson Type:	Group Lessons: Groups will consist of a maximum of 10 individuals of the same skill level. These lessons will be on a set schedule.	
	<input type="checkbox"/> Student: \$30	<input type="checkbox"/> Member: \$30
	Private lessons: Private lessons are for one or two people of the same skill level. Participants will be paired up with an instructor and allowed to set their own schedule that can vary to accommodate both the instructor and participant(s)	
	<input type="checkbox"/> Student: \$100	<input type="checkbox"/> Member: \$110 <input type="checkbox"/> Non-Member: \$125
Do you have any current or prior medical considerations that may affect your ability to participate in physically demanding activities? (examples include heart conditions, joint injuries, lung/breathing conditions) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____		
I recognize that there is a significant element of risk in any adventure, sport or activity associated with the water. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that I am mentally and physically capable of participating in the activities. I am fully aware of the inherent hazards involved and hereby elect to participate in the Campus Recreation Program and event activities, voluntarily and assume all risk of bodily injury, loss or death that I may sustain. Further, I assume full responsibility for any bodily injury, death, loss of personal property and cost thereof, as a result of my negligence. I hereby agree that I, my assignees, heirs, guardians and legal representatives will not make a claim against, sue or attach the property of WIU, the Campus Recreation Department, its employees, Board of Trustees, or fellow participants for injury or damage resulting from the negligence or other acts, howsoever caused by the Campus Recreation Department, its employees, the University Board of Trustees, the professional agencies or the land agencies in which the Campus Recreation Program takes place as a result of my participation in this Program. I hereby release WIU, Campus Recreation, its employees and Board of Trustees, professional agencies, land use agencies and my fellow participants from all actions, claims or demands that I, my assignees, heirs, guardians or legal representatives now have or may hereafter have for injury or damage resulting in my participation in this Program. I have carefully read, fully understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in the Program activities through the dates above unless revoked in writing and delivered to the Campus Recreation office. I also understand that WIU/Campus Recreation reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the activities. I agree that the decision of the Program instructor/s will be binding upon me.		
Signed: _____ Date: ____/____/____		
If there are accommodations we can provide to facilitate your full participation in this program/event, contact the Campus Recreation Office at (309)298-1228. Please allow sufficient time to arrange accommodations.		
Full payment due at time of registration. Refunds will only be given if the class is cancelled by Campus Recreation.		