



PRAIRIE LAKES SWIM SCHOOL

at the Prairie Lakes Aquatic Center

515 E. Thacker Street • Des Plaines, IL 60016 • 847-390-4599

Date _____

*Household Last Name _____ *First Name _____

*Address _____ *City _____ *Zip _____

*Home Phone _____ Cell Phone _____

*Email _____ *Emergency Phone _____

*Participant's Name _____ *Participant's Birth Date _____

Please use a separate form for each participant

**Required information*

Has any of the information above changed since your last registration? Yes No

Is this your family's first time registering for a program? Yes No

First time Des Plaines residents: please provide proof of residency.

STAFF USE ONLY

Residency verified _____

Amount paid _____

In order to process your registration, we require a signed waiver with payment. The waiver and payment information is on the reverse.

American with Disabilities Act, Participant Accommodation Yes

Nature of disability: _____ Requested accommodation: _____

M-NASR Assistance: All requests for M-NASR assistance in our programs must be made at least two weeks in advance of the program start date. Please note that we may not be able to fulfill requests made with less than two weeks' notice.

Swim with Me: 5 Class Pass

<input type="checkbox"/> Option 1	Thursdays, 4:00–4:30p
<input type="checkbox"/> Option 2	Saturdays, 10:30–11:00a
<input type="checkbox"/> Option 3	Saturdays, 11:10–11:40a

Adults: 5 Class Pass

<input type="checkbox"/> Option 1	Tuesdays, 6:10–7:00p
<input type="checkbox"/> Option 2	Saturdays, 10:30–11:20a

Lil', Big, Junior Swimmers: EFT, or 5 Class Pass Swim Level Beginner Intermediate Advanced

Lil' Swimmers, 3–5 yrs old	Big Swimmers, 5–12 yrs old	Junior Swimmers, 12–17 yrs old
<input type="checkbox"/> Mon <input type="checkbox"/> 5:10–5:50p <input type="checkbox"/> 6:10–6:50p	<input type="checkbox"/> Mon <input type="checkbox"/> 5:10–6:00p <input type="checkbox"/> 6:10–7:00p	<input type="checkbox"/> Mon <input type="checkbox"/> 5:10–6:00p <input type="checkbox"/> 6:10–7:00p
<input type="checkbox"/> Tues <input type="checkbox"/> 5:10–5:50p <input type="checkbox"/> 6:10–6:50p	<input type="checkbox"/> Tues <input type="checkbox"/> 5:10–6:00p <input type="checkbox"/> 6:10–7:00p	<input type="checkbox"/> Tues <input type="checkbox"/> 5:10–6:00p <input type="checkbox"/> 6:10–7:00p
<input type="checkbox"/> Wed <input type="checkbox"/> 5:10–5:50p <input type="checkbox"/> 6:10–6:50p	<input type="checkbox"/> Wed <input type="checkbox"/> 5:10–6:00p <input type="checkbox"/> 6:10–7:00p	<input type="checkbox"/> Wed <input type="checkbox"/> 5:10–6:00p <input type="checkbox"/> 6:10–7:00p
<input type="checkbox"/> Thurs <input type="checkbox"/> 5:10–5:50p <input type="checkbox"/> 6:10–6:50p	<input type="checkbox"/> Thurs <input type="checkbox"/> 5:10–6:00p <input type="checkbox"/> 6:10–7:00p	<input type="checkbox"/> Thurs <input type="checkbox"/> 5:10–6:00p <input type="checkbox"/> 6:10–7:00p
<input type="checkbox"/> Sat <input type="checkbox"/> 9:40–10:20a <input type="checkbox"/> 10:40a–11:20p	<input type="checkbox"/> Sat <input type="checkbox"/> 9:30–10:20a <input type="checkbox"/> 10:30a–11:20p	<input type="checkbox"/> Sat <input type="checkbox"/> 9:30–10:20a <input type="checkbox"/> 10:30a–11:20p
<input type="checkbox"/> Sat <input type="checkbox"/> 11:40a–12:20p	<input type="checkbox"/> Sat <input type="checkbox"/> 11:30a–12:20p	<input type="checkbox"/> Sat <input type="checkbox"/> 11:30a–12:20p

Private Lessons: 5 Class Pass

Choose a day and time	Briefly tell us your goal for private lessons	Choose one type
<input type="checkbox"/> Monday <input type="checkbox"/> 4:00–4:30p <input type="checkbox"/> 4:35–5:05p	For example: Learn to swim, learn to float, swim team ready...	<input type="checkbox"/> Lil' Swimmers
<input type="checkbox"/> Tuesday <input type="checkbox"/> 4:00–4:30p <input type="checkbox"/> 4:35–5:05p	_____	<input type="checkbox"/> Big Swimmers
<input type="checkbox"/> Wednesday <input type="checkbox"/> 4:00–4:30p <input type="checkbox"/> 4:35–5:05p	_____	<input type="checkbox"/> Junior Swimmers
<input type="checkbox"/> Thursday <input type="checkbox"/> 4:00–4:30p <input type="checkbox"/> 4:35–5:05p	_____	<input type="checkbox"/> Adult

In order to process your Swim School registration, we require a signed waiver with payment.

Do not send your credit card information via email

Credit Card Payment (Check one): Visa Mastercard Discover Cash Check Number _____ Amount Paid \$ _____

Account #:

3-digit CVV is on the back of your card.

Exp. Date: /
mm / yy

Cardholder Name: _____
Print

Authorized Signature: _____

Swim School Waiver and Release

The (Des Plaines Park District) "Park District" is committed to providing safe aquatic facilities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and regulations that are designed to protect the participants' safety. However, participants and parents/guardians of minors engaged in aquatic activities must recognize that there is an inherent risk of injury.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities associated with this Pool Pass. 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/aquatic activity.

Warning of Risk

Swimming and other aquatic activities 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 but not limited to drowning, head/brain injury, and spinal cord injury. Understandably, not all hazards can be foreseen. The very nature of swimming and aquatic activities is hazardous and risky, including but not limited to fatigue, overexertion, poor swimming skills, failing to avoid dangerous areas, failing to follow rules and regulations, failure of lifeguards to locate victims and/or delay in emergency response times, horseplay, diving or cannonballing into shallow water and striking the bottom or striking other swimmers, striking one's head on the bottom, slips and falls on the deck or within the locker facility, chemical exposure and all other circumstances inherent to aquatic activities. In this regard, it must be recognized that it is impossible for the Park District to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in consideration for this Pool Pass you will be expressly assuming the risk and legal liability and waiving all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participation in any and all activities connected with and associated with use of the Park District aquatic facilities and programs. "I recognize and acknowledge that there are certain inherent risks of physical injury to patrons of aquatic facilities, and I voluntarily agree to assume the full risk of any injury any injuries, damages or loss, regardless of severity that my minor child/ward or I may sustain as a result of participation in any and all activities and programs connected with or associated with this Pool Pass. I further recognize and agree that lifeguards and the aquatic staffs are not responsible for supervising my activities or the activities of my minor child/ward and I agree that I am solely responsible for supervising my minor children and/or assessing whether my children are physically fit and/or adequately skilled for aquatic activities. I additionally agree to supervise any children under age 10 at all times. I agree to the terms of the District Photo/Video Policy."

"I further agree to waive and relinquish all claims I, or my minor child may have (or accrue to me or my child/ward) as a result of use of the Park District's aquatic facilities and programs against the Park District, including its officials, agents, volunteers and employees."

Never leave any child with poor swimming skills, or younger than 10 years of age, unaccompanied by a parent or responsible person 18 years of age or older.

Swim School Participant's Name _____ Signature _____
Please print Only if over 18

Guardian's Name for Participants under 18 years of age _____
Please print

Guardian's Signature for Participants under 18 years of age _____

COVID-19 AWARENESS STATEMENT: 1) Does anyone in your household have: Fever, Cough, Sore Throat, Shortness of Breath, Muscle Aches, Unusual Headaches, Loss of Taste or Smell, Stomach Pain? Yes No
2) Has anyone in your household had a confirmed case of COVID-19 or is anyone displaying symptoms of COVID-19? Yes No
3) Have you or anyone in your household come into close contact with anyone who has tested positive for COVID-19? Yes No
If you answered yes to any of these questions DO NOT ENTER.