

**PROPHETSTOWN PARK DISTRICT SUMMER SWIM LESSONS**

Prophetstown Park District will be having the following swim classes taught by certified Red Cross Instructors. We will not take any phone registrations. Please mail or register in person. Payment must be made at time of registration. If you have any questions please call us at **537-2093**. Mail registration to **PPD P.O. Box 93, Prophetstown Il 61277**

**SESSIONS**

- SESSION 1    June 4-14**
- SESSION 2    June 18-28**
- SESSION 3    July 9-19**
- SESSION 4    July 23-Aug 2**
- SESSION 5    Aug 6-16**

**Price \$35 per child  
\$30 with membership**

**CLASS TIMES & GROUP LEVELS**

- 3-5 year olds 10-10:30am**
- Level 1 & 2 10:30-11:15**
- Level 3 11:15-12pm**
- Level 4 & 5 11:15-12pm**
- Prices: \$35 per child / \$30 PPD Members**

Please sign up early as the classes fill up fast. We have a limit of 15 kids per class. Private Lessons are available. You must contact park district to arrange times. Price for private lessons is **\$65/\$55 with membership**

Please send bottom portion only and keep top half for your records.

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Parents \_\_\_\_\_

Session \_\_\_\_\_ Level \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

**IMPORTANT INFORMATION**

The Prophetstown Park District is committed to conducting its recreation programs and activities in the safest manner possible in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Park District continually strives to recede risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

**WAIVER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering yourself or your child/ward for participation in the above program, will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries (including death), damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participation in the program against the District and officers, agents, servants, or employees.

I do hereby fully release and discharge the District and its officers, agents, and employees from any and all claims from injuries, damages or loss which I or my minor child/ward 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 the activities of the program.

I further agree to indemnify and hold harmless and amend the District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered deemed necessary for my minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understood the above program details, Waiver and Release of All Claims and permission to secure treatment sections.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date