



# Swim Lesson Registration 2020

Payment must be in full to reserve your child's spot.  
 Sessions and time slots may close depending on the number of swimmers.  
**Children must be 3 years of age or older & potty trained to register for swim levels.**

**SORRY, NO REFUNDS.**

- Level 1: Little experience in water learning basic water skills.  
 Level 2: Comfortable in water. Main focus is submerging and beginner strokes.  
 Level 3: Has basic water skills working on stroke development/introduction.  
 Level 4: Swimming and stroke improvement. Advance odd strokes and deep water skills.  
 Level 5: Stroke refinement and coordination. Resembles pre--swim team practice.  
 Level 6: Practicing swimming duration with variation of strokes. Resembles swim team practice.

**INDIVIDUAL LESSONS ARE AVAILABLE! ASK FOR THE INDIVIDUAL LESSON FORM.**

Child/Children's Name:

- |          |              |            |
|----------|--------------|------------|
| 1. _____ | Level: _____ | Age: _____ |
| 2. _____ | Level: _____ | Age: _____ |
| 3. _____ | Level: _____ | Age: _____ |
| 4. _____ | Level: _____ | Age: _____ |

Does your child(ren) have any special condition that the instructor should be aware of? Yes  No

If yes, explain: \_\_\_\_\_

"In District" price is only if you live within the Village of Metamora and pay taxes to the Metamora Park District., **Price: \$45 In-District \$60 Out-of-District**

Check which **Session & Time slot** you wish to attend. Each session consists of 8 lessons (M--Th, Friday being a make-up day for any cancellations). All levels are offered at all times shown.

Weeks of:	Times:	10:45-11:15 A.M.	11:20-11:50 A.M.	6:15-6:45 P.M.
June 1 & June 8		<input type="checkbox"/>	<input type="checkbox"/>	
June 15 & June 25		<input type="checkbox"/>	<input type="checkbox"/>	
July 6 & July 13		<input type="checkbox"/>	<input type="checkbox"/>	
July 20 & July 27				<input type="checkbox"/>

<p><b>EMERGENCY CONTACT INFORMATION:</b></p> <p>Parent/Guardian Name: _____</p> <p>Address: _____ Zip Code: _____</p> <p>Phone(s): _____</p> <p>Email: _____</p>	<p><b>TOTAL AMOUNT DUE</b></p> <p># Children X # sessions</p> <p>\$ _____</p>
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**\* You must also complete the Liability Waiver Form before your first swimming lesson.\***

Office Use Only: sh/Check # \_\_\_\_\_ Date \_\_\_\_\_ Waiver \_\_\_\_\_ Processed By \_\_\_\_\_

Manager Approved: \_\_\_\_\_ Date: \_\_\_\_\_



Metamora Park District  
PO Box 633 Metamora, IL 61548  
(309) 367-2932  
director@metamoraparks.org  
**WAIVER AND RELEASE FORM**

I (print name) \_\_\_\_\_, hereby waive and release all claims for injuries sustained by me and/or my child, \_\_\_\_\_, arising out of all programs, activities, facilities and events associated or connected with METAMORA PARK DISTRICT. I recognize that such programs, activities, facilities and events have certain inherent risks that may result in injury, death, damage or loss and I understand that if I refuse to sign this form, the Park District will not allow such participation by me or my child. I also understand that by participating in such programs, activities, facilities and events; I expressly assume the risk for any injury, death, damage or loss which I and/or my child may sustain as a result of such participation. I further release and discharge the Park District, its officers, agents, servants, employees and volunteers from any and all claims that my child or I may have or which may accrue to my child or me as a result of such participation. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, employees and volunteers from any and all claims that my child or I may have or which may accrue to my child or me as a result of such participation.

I (print name) \_\_\_\_\_, am solely responsible for determining whether my child or I am physically fit and/or skilled for participation in METAMORA PARK DISTRICT activities or programs, and I am aware that it is advisable that I and/or my child consult a physician before undertaking any activity associated or connected with the Park District's programs, activities, facilities and events. I further represent that I have adequate medical insurance coverage for my child and me, and in case of accident or sickness, I hereby consent to emergency medical care provided by ambulance or hospital personnel for my child and/or me.

By: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent/Guardian)

## PHOTO/VIDEO AUTHORIZATION

I (print name) \_\_\_\_\_ parent or official guardian of (child's name) \_\_\_\_\_, hereby authorize and give consent to METAMORA PARK DISTRICT and its officers, agents, servants, employees and volunteers to take and use photographs, video and/or digital images of me and my child during participation in the Park District's programs, activities, facilities or events for use on the Park District's promotions, publications and web site without limitation. I further understand that such photographs, video or digital images of my child and/or me are the exclusive property of METAMORA PARK DISTRICT and I authorize the use of these images without compensation to me.

By: \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent/Guardian)