



SPRING 2019

**Springfield-Greene County Parks & Recreation
Doling Aquatics Program Registration Form**



Participant's Name 1: Date of Birth:	Parent/Guardian Name:	Home Phone: Work Phone: Cell Phone (optional):
Participant's Name 2: Date of Birth:		

Home Address:	City:	Zip:
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E-mail Address: _____

This is a contract, please read carefully: I, Participant, in consideration of the Springfield-Greene County Park Board ("Park Board") hereby assume all risks of personal injury or property damage, which may occur as the result of any participation in activities at any park facilities, including but not limited to the following activities: exercise programs, aerobics, weight lifting, running, basketball, volleyball or Martial Arts. Participants further release Park Board for all risks of condition of premises, facilities, and equipment used for such activities. Participants further release City of Springfield, Park Board and their employees and agents from all claims, even if caused by the past or future negligence of City, Park Board or their employees or agents, excepting only intentional acts or gross negligence. Participants grant full permission to Park Board to use participant's names, photographs, videotapes or recordings for any publicity promotion and/or security purposes without obligation or liability to participant or participant's family members. Participants further agree to cooperate and comply with the rules and regulations set by the Park Board. By signing below, participant acknowledges that they have read and understand this contract and further agree to comply with all obligations and conditions set out herein.

_____ Date _____
Signature of participant or parent if participant is under 18

I also give permission for my family to be photographed while participating in Park Board activities, and to use any photographs of my family for Park Board promotional purposes.



_____ Date _____
Signature of participant or parent if participant is under 18

Fees Enclosed \$ _____ **(Only fill out if mailing in registration with payment)**
 Mastercard Visa Discover Card Check

Credit Card # _____	Exp. _____	CVV _____ (3 digit code on back of card)	Driver's License # _____
Signature _____			Expiration Date: _____

If you have a disability, do you require accommodations to participate in any of these activities? _____
If YES, please notify us no less than 7 business days prior to start of program: Please describe accommodation needed:

Registrations must be received no later than the Friday before the session begins by 12 p.m. (Noon). Cancellations will be made at that time if there is low enrollment.

<p style="text-align: center;">Mommy & Me</p> <p style="text-align: center;">\$40 per student, per session (member) \$50 per student, per session (non-member)</p> <p><input type="checkbox"/> Session 1: January 10-February 14</p> <p><input type="checkbox"/> Session 2: February 21-April 4</p> <p><input type="checkbox"/> Session 3: April 11-May 16</p> <div style="text-align: center;"></div>	<p style="text-align: center;">Homeschool Swim Program</p> <p style="text-align: center;">\$18 per member student, per session \$10 non-member fee per family</p> <p><input type="checkbox"/> Session 1: January 9-February 13</p> <p><input type="checkbox"/> Session 2: February 20-April 3</p> <p><input type="checkbox"/> Session 3: April 10-May 15</p>
<div style="text-align: center;"></div> <p style="text-align: center;">Learn to Swim</p> <p style="text-align: center;">\$40 per member student, per session \$50 per non-member student, per session</p> <p><input type="checkbox"/> Parent and Child <input type="checkbox"/> Session 1: January 8-24</p> <p><input type="checkbox"/> Preschool Aquatics <input type="checkbox"/> Session 2: January 29-February 14</p> <p><input type="checkbox"/> Level 1 <input type="checkbox"/> Session 3: February 19-March 7</p> <p><input type="checkbox"/> Level 2 <input type="checkbox"/> Session 4: March 19-April 4</p> <p> <input type="checkbox"/> Session 5: April 9-25</p>	<p style="text-align: center;">Lifeguard Training Program</p> <p style="text-align: center;">\$160 Member; \$170 Non-Member</p> <p><i>*Classes held at Chesterfield Family Center</i></p> <p><input type="checkbox"/> Session 1: January 4-5, 11-12</p> <p><input type="checkbox"/> Session 2: January 18-19, 25-26</p> <p><input type="checkbox"/> Session 3: February 1-2, 8-9</p> <p><input type="checkbox"/> Session 4: February 15-17, 22-23</p> <p><input type="checkbox"/> Session 5: March 1-2, 8-9</p> <p><input type="checkbox"/> Session 6: March 11-15</p> <p><input type="checkbox"/> Session 7: March 22-23, 29-30</p> <p><input type="checkbox"/> Session 8: April 5-7, 12-13</p> <p><input type="checkbox"/> Session 9: April 19-20, 26-27</p> <p><input type="checkbox"/> Session 10: May 3-4, 10-11</p>
<p>Refund Policy: If you decide to cancel your registration for our program, a written refund request MUST be submitted and returned <u>at least five business days prior to the start of the program you are registering for.</u> All approved refunds will be charged a \$10 processing fee.</p>	