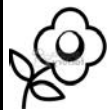




SPRING 2016
Springfield-Greene County Parks & Recreation
Chesterfield Aquatics Program Registration Form



Participant's Name 1: Date Of Birth:	Parent/Guardian Name:	Home Phone:
Participant's Name 2: Date Of Birth:		Work Phone:
Home Address:	City:	Zip:
E-mail Address:		
My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of the Springfield-Greene County Park Board activities.		
_____		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)		
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Card <input type="checkbox"/> Check		
Credit Card # _____	Exp. _____	CVV _____ (3 digit code on back of card)
Signature _____	Driver's License # _____ 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 happen at that time if there is low enrollment.

<h3>Lifeguard Training Program</h3> <p>\$210 Member; \$220 Non-Member</p>	
<input type="checkbox"/> Session 1: January 8-16 <input type="checkbox"/> Session 2: January 22-30 <input type="checkbox"/> Session 3: February 6-14	<input type="checkbox"/> Session 4: February 19-27 <input type="checkbox"/> Session 5: March 7-11 <input type="checkbox"/> Session 6: March 18-26 <input type="checkbox"/> Session 7: April 1-9 <input type="checkbox"/> Session 8: April 16-24 <input type="checkbox"/> Session 9: April 29-May 7
<h4>Mommy & Me</h4> <p>\$40 per member student, per session; \$50 per non-member student, per session</p> <input type="checkbox"/> Session 1: January 5-February 9 <input type="checkbox"/> Session 2: February 16-March 29 <input type="checkbox"/> Session 3: April 5-May 10	<h4>Homeschool Program</h4> <p>\$18 per member student, per session \$10 non-member fee per family</p> <input type="checkbox"/> Session 1: January 5-February 9 <input type="checkbox"/> Session 2: February 16-March 29 <input type="checkbox"/> Session 3: April 5-May 10
<h4>Learn to Swim</h4> <p>\$40 per member student, per session \$50 per non-member student, per session</p> <input type="checkbox"/> Parent and Child <input type="checkbox"/> Preschool Aquatics <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	<h4>Mini-Rays Preschool Swim Team</h4> <p>\$35 per member student, per session \$45 per non-member student, per session</p> <input type="checkbox"/> Session 1: January 10-February 14 <input type="checkbox"/> Session 2: February 21-April 3 <input type="checkbox"/> Session 3: April 10-May 15
<p>Refund Policy: If you decide to cancel your registration for our program, a refund request form MUST be filled out 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>	<h4>Stingrays</h4> <p>\$35 per member student, per session \$45 per non-member student, per session</p> <input type="checkbox"/> Session 1: January 5-31 <input type="checkbox"/> Session 2: February 2-28 <input type="checkbox"/> Session 3: March 13-April 7 <input type="checkbox"/> Session 4: April 10-May 5