



**SPRING 2020**  
**Springfield-Greene County Parks & Recreation**  
**Doling 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:
		Cell Phone (optional):

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;"><b>Mommy &amp; Me</b></p> <p style="text-align: center;">\$40 per student, per session (member) \$50 per student, per session (non-)</p> <p><input type="checkbox"/> Session 1: February 6-March 12</p> <p><input type="checkbox"/> Session 2: March 26-April 30</p> <div style="text-align: center;"></div>	<p style="text-align: center;"><b>Homeschool Swim Program</b></p> <p style="text-align: center;">\$24 per member student, per session \$10 non-member fee per family</p> <p><input type="checkbox"/> Session 1: January 8-February 12</p> <p><input type="checkbox"/> Session 2: February 18-March 31</p> <p><input type="checkbox"/> Session 3: April 7-May 12</p>
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<div style="text-align: center;"></div> <p style="text-align: center;"><b>Learn to Swim</b></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 6-January 22</p> <p><input type="checkbox"/> Preschool Aquatics    <input type="checkbox"/> Session 2: January 27-February 12</p> <p><input type="checkbox"/> Level 1                      <input type="checkbox"/> Session 3: February 17-March 4</p> <p><input type="checkbox"/> Level 2                      <input type="checkbox"/> Session 4: March 23-April 8</p> <p>   <input type="checkbox"/> Session 5: April 13-April 29</p>	<p style="text-align: center;"><b>Lifeguard Training Program</b></p> <p style="text-align: center;">\$160 Member; \$170 Non-Member</p> <p style="text-align: center;">*Classes held at Chesterfield Family Center</p> <p><input type="checkbox"/> Session 1: February 14-February 16</p> <p><input type="checkbox"/> Session 2: February 21-February 23</p> <p><input type="checkbox"/> Session 3: February 20-March 1</p> <p><input type="checkbox"/> Session 4: March 13-March 15</p> <p><input type="checkbox"/> Session 5: March 17-March 19</p> <p><input type="checkbox"/> Session 6: April 3-April 5</p> <p><input type="checkbox"/> Session 7: April 17-April 19</p> <p><input type="checkbox"/> Session 8: April 24-April 26</p> <p><input type="checkbox"/> Session 9: May 1-May 3</p> <p><input type="checkbox"/> Session 10: May 8-May 10</p>
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**Refund Policy:**

If you decide to cancel your registration for our program, a written refund request **MUST** be submitted and returned **at least five business days prior to the start of the program you are registering for.** All approved refunds will be charged a \$10 processing fee.