

# Mt. Park Fall Aquatics Registration

Registration Ends The Day Before The First Day Of Class; When The Building Closes

Receipt: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Participant's

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Participant's birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Commitment Agreement:

I understand that it is the participant's responsibility to follow instructions, behave positively, and be an active member of all program activities. I understand and support the commitment that the participant has made in choosing to attend programming.

Refund/ Cancellation Policy:

- Failure to adhere to program policies is cause for dismissal with no refund of fees.
- A complete refund will be given if written notification of cancellation is given at least two weeks prior to the start of the program.
- No refund will be given if a participant leaves a program early for any reason; if participant cancels within two weeks of the start of the program; if a participant does not show up for the program.
- Refunds will be given for medical or death with the proper paperwork provided to Mt. Park. Once paperwork is given to Mt. Park the refund will then go forward with processing.
- No refunds will be given for any reason after 3 months post purchase of item, event or program.

## Waiver

In participating in all recreational programs and events sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accidents resulting in bodily harm arising out of those activities. I understand that the recreation activities are planned with the safety of the participants in mind. I further acknowledge that my child has the physical capacity reasonably necessary to engage in recreation activity for which I have enrolled them. In case of emergency, accident, or illness, I give permission for my child to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in their behalf. It is understood and agreed that the Mountain Park Home Owners Association, Boards, employees, volunteers, and agents be held harmless against all claims, damages, loss or expenses including attorney fees arising out of or resulting from their participation in recreation programs.

**\*\*I have read the above information above, and by signing below agree to all terms and conditions. \*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Registration is located on the back of this sheet\***

# Aquatics Programming

<b>Swim Club</b>	<b>Class Time</b>	<b>Level</b>	<b>Cost</b>
October	_____	Beginning or Advanced	\$50 member/\$60 non
November	_____	Beginning or Advanced	\$50 member/\$60 non
<b>Tuesday and Thursday</b>	<b>Class Time</b>	<b>Level</b>	<b>Cost</b>
October	_____	PreSchool 1 2 3	\$60 Member/\$80 non
November	_____	PreSchool 1 2 3	\$60 Member/\$80 non
<b>Tuesday and Thursday</b>	<b>Class Time</b>	<b>Level</b>	<b>Cost</b>
October	_____	School Age 1 2 3 4/5	\$60 Member/\$80 non
November	_____	School Age 1 2 3 4/5	\$60 Member/\$80 non
<b>Saturday</b>	<b>Class Time</b>	<b>Level</b>	<b>Cost</b>
October	_____	PreSchool 1 2 3	\$30 member/\$45 non
November	_____	PreSchool 1 2 3	\$30 member/\$45 non
<b>Saturday</b>	<b>Class Time</b>	<b>Level</b>	<b>Cost</b>
October	_____	School Age 1 2 3 4 5	\$30 member/\$45 non
November	_____	School Age 1 2 3 4 5	\$30 member/\$45 non
<b>Parent and Me</b>	8:30	October	\$30 member/\$45 non
<b>Fridays Teen/Adult</b>	<b>Class Time</b>	<b>Level</b>	<b>Cost</b>
October	_____	Beginning or Advanced	\$30 member/\$45 non
November	_____	Beginning or Advanced	\$30 member/\$45 non
<b>Tuesday Playschool Swim</b>		October 3rd-December 12th	\$66 for 11 weeks

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