Mt. Park HOA
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MOUNTAIN PARK AQUATICS

FALL SPECIALTY CLASS REGISTRATION

PARTICIPANT INFORMATION

Participant's Name_____ ☐ **Member** ☐ **Non-Member**

Address: _____
STREET CITY STATE ZIP CODE

Parent/Guardian Name: _____ **Contact Phone Number:** _____

Participant's Birthdate: ____/_____/_____ **Age:** _____ **E-mail:** _____

COMMITMENT

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

Refund/ Cancellation Policy:

- Failure to adhere to program policies is cause for dismissal with no refund of fees.
- No make-ups, refunds, or credits for unexpected pool closures or weather-related closures.
- Classes with less than 2 participants will be cancelled.
- We reserve the right to make any changes to the schedule at any time up to and during a session.
- Group classes run in any weather unless Mountain Park HOA deems the conditions unsafe. We make every effort to reschedule due to weather but cannot guarantee make-ups.

WAIVER & RELEASE

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:** _____

By typing my name, I am electronically signing this document. I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Please "X" which class you would like to enroll in.

Registration closes the day before the class starts

BEGINNER SWIM CLUB					
	October 1st-31st	Tuesday & Thursday	4:30pm-5:30pm	Member: $60	Non-Member: $70
	November 5th-26th	Tuesday & Thursday	4:30pm-5:30pm	Member: $60	Non-Member: $70
	December 3rd-19th (no class 12/24 & 12/26)	Tuesday & Thursday	4:30pm-5:30pm	Member: $60	Non-Member: $70

ADVANCED SWIM CLUB					
	October 2nd-30th	Monday & Wednesday	4:30pm-5:30pm	Member: $60	Non-Member: $70
	November 4th-25th (no class 11/27)	Monday & Wednesday	4:30pm-5:30pm	Member: $60	Non-Member: $70
	December 2nd-30th (no class 12/25)	Monday & Wednesday	4:30pm-5:30pm	Member: $60	Non-Member: $70

PLAYSCHOOL SWIM LESSONS				
	October 1st-December 17th	Tuesday	9:00am-11:30am (30-minute classes)	$120