

Mt. Park HOA
 Official Use Only
 Received By: _____
 Date: _____
 Receipt #: _____
 Inputted By: _____
 Verified By: _____



PARTICIPANT INFORMATION

Name: _____ Birthday: ____/____/____
FIRST LAST

Address: _____ MEM NON
STREET CITY STATE ZIP CODE

Primary Phone Number: _____ Secondary Phone Number: _____

E-Mail Address: _____

Emergency Contact Name: _____
FIRST LAST

Emergency Contact Phone Number: _____

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.

WAIVER

In participating in all programs sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accident resulting in bodily harm arising out of those activities. I understand that the 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 the activities for which I have enrolled them. In case of emergency, accident, or illness, I give permission for my child to be 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 statements and understand the contents****

Parent/Guardian 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.

PRESCHOOL BEGINNER

X	DAY	TIME	INSTRUCTORS	DATES	RATE
	Tuesday & Thursday	4:15pm	Katie	4/7 – 6/18	MEM: \$220 NON: \$330
	Saturday	9:05am	Michael	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	9:40am	Michael	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	10:50am	Sarah Grace	4/11 – 6/20	MEM: \$110 NON: \$165

PRESCHOOL INTERMEDIATE

X	DAY	TIME	INSTRUCTORS	DATES	RATE
	Tuesday & Thursday	4:15pm	Jackson	4/7 – 6/18	MEM: \$220 NON: \$330
	Saturday	9:05am	Sarah Grace	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	10:15am	Sarah Grace	4/11 – 6/20	MEM: \$110 NON: \$165

BEGINNER

X	DAY	TIME	AGES	INSTRUCTORS	DATES	RATE
	Tuesday & Thursday	4:50pm	5-7	Katie	4/7 – 6/18	MEM: \$220 NON: \$330
	Saturday	9:40am	5-7	Sarah Grace	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	9:40am	8-10	Jackson	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	10:50am	5-7	Michael	4/11 – 6/20	MEM: \$110 NON: \$165

INTERMEDIATE

X	DAY	TIME	INSTRUCTORS	DATES	RATE
	Tuesday & Thursday	4:50pm	Jackson	4/7 – 6/18	MEM: \$220 NON: \$330
	Tuesday & Thursday	5:25pm	Katie	4/7 – 6/18	MEM: \$220 NON: \$330
	Saturday	9:05am	Jackson	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	10:15am	Michael	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	10:50am	Jackson	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	11:25am	Jackson	4/11 – 6/20	MEM: \$110 NON: \$165
	Saturday	11:25am	Michael	4/11 – 6/20	MEM: \$110 NON: \$165

ADVANCED

X	DAY	TIME	INSTRUCTORS	DATES	RATE
	Tuesday & Thursday	5:25pm	Jackson	4/7 – 6/18	MEM: \$220 NON: \$330
	Saturday	10:15am	Jackson	4/11 – 6/20	MEM: \$110 NON: \$165