

Payer	Address
Email Address	City/State/Zip
Home/Cell Phone	Emergency Contact Name/Phone

Group Swim Lessons

Ages: 3 – 14 **No Lessons on July 4**

TIME SLOT	CHILD'S NAME/ DOB	SESSION 1 June 5 – June 16	SESSION 2 June 19 – June 30	SESSION 3 July 3 – July 14	SESSION 4 July 17 – July 28	SESSION 5 July 31 – Aug 11
10:30 – 11:00am		Resident \$47 EB / \$57 R Non- Resident \$62 EB / \$72 R per session				
11:10 – 11:40am		Resident \$47 EB / \$57 R Non- Resident \$62 EB / \$72 R per session				
5:30 – 6:00pm		Resident \$42 EB / \$53 R Non-Resident \$59 EB / \$69 R per session				
6:10 – 6:40pm		Resident \$42 EB / \$53 R Non-Resident \$59 EB / \$69 R per session				

Special Notes:

- EB Fee is valid up until two weeks before the session begins.
- Please note that evening lessons do not meet on Wednesdays.
- Refund or credits will NOT be given because of inclement weather.
- Lessons will take place if it is raining and/or if temperatures are cold.
- Swim Lessons will take place indoors in the event of severe weather such as thunder and/or lightning.
- If your child is in summer camp, please register for the 10:30am session. Camp participants pay the evening rate because they do not attend swim lessons on Wednesdays.

Sunday Swim Lessons

Ages: 3 – 14 | Sunday | 10:15 – 11:00am

Program Dates	Fee	Participant Name / DOB
June 11 – Aug 13	Resident \$50 EB/\$60 R Non-Resident \$65 EB/\$75 R	

Little Swimmers

Ages: 1 – 5 years **No Lessons on July 4**

Program Dates	Time	Day	Fee	Participant Name / DOB
June 13 – Aug 3	11:30am - 12:00pm	Tu Th	Resident \$65 EB/\$75 R Non-Resident \$70 EB/\$80 R	
June 11 – Aug 13	11:10 - 11:40am	Su	Resident \$45 EB/\$55 R Non-Resident \$55 EB/\$65 R	

Stroke Clinics

Ages: 6 – 18 | Monday – Thursday | 10:30 – 11:15am

\$35 EB
\$45 R
per session

Clinic Name	Date	Participant Name / DOB
Freestyle	June 12 – 15	
Backstroke/Starts	June 19 – 22	
Breaststroke/Turns	June 26 – 29	
Butterfly/Turns	July 10 – 13	
Conference Preparation	July 17 – 20	

Private Swim Lessons

Ages: 3 - Adult ~ Time TBD with Instructor ~ 30 minutes per lesson

Program Dates	Fee	Participant Name / DOB	Preferred Day/Time
June 5 – August 11	\$22/lesson \$152/10 lessons		

Fees:

Total:

FORM OF PAYMENT

CASH CARD CHECK

CARD #: _____

EXP. DATE: _____ V-CODE: _____

SIGNATURE: _____

Butterfield Park District Waiver and Release: Important Information

Participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Butterfield Park District, including its officials, agents, volunteers, and employees (herein after collectively referred as Butterfield Park District).

I do hereby fully release and forever discharge the Butterfield Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

PHOTO RELEASE

By registering for any Park District program I agree to allow publication of any photos taken at any program, event, or facility of the Butterfield Park District.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax my facsimile signature will substitute for and have the same legal effect as an original form signature.

AUTHORIZATION FOR MEDICAL TREATMENT

- I, the undersigned, hereby agree to allow the individual(s) name hereon to participate in the Butterfield Park District activities.
- I certify that to the best of my knowledge, the participants named hereon is/are physically fit and able to engage in Recreation Services Division activities.
- In case of emergency, I give my permission for emergency medical treatment.
- This form shall be considered valid until canceled or changed in writing by the undersigned parent/guardian/participant.
- My signature acknowledges that I understand and agree to the above conditions.
- I have read and understand the waiver and release on this form.

Signature

Date