



Registration Form



5500 N. St. Louis Ave.
Chicago, IL 60625

By signing this form, you are acknowledging have received and agree to abide by the attached Neptune Learn-to-Swim Program policies and procedures.

Multiple children can be on one form if they are attending the same sessions.

Family Last Name _____

Participant's First Name(s) _____ DOB : ____ / ____ / ____ Level: _____
_____ / ____ / ____ Level: _____
_____ / ____ / ____ Level: _____

Parent/Guardian's Name(s) _____

Address _____ City _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Email Address _____
(Your e-mail address will only be used to send reminders and notices specific to your child(ren)'s registration, e.g. payment due notice.)

Emergency Contact _____ Phone (____) _____
Name/Relation

Medical Problems/Allergies _____ Does this child require special accommodations? NO/YES
If YES, what? _____

How did you learn about our program? _____

PLEASE NOTE OUR MAKE-UP POLICY: Participants may not attend another session or class, and they may not change their classes to another date due to illness or inability to attend a class.

Parent or Guardian, Please initial lines 1-3 and print, sign, and date below.

1. **WAIVER AND RELEASE:** As the legal guardian of the so stated participant in this activity at Northeastern Illinois University, I understand that participation in the learn-to-swim program or any strenuous physical activity may expose the participant to the inherent dangers associated with this activity, including, but not limited to: physical contact with other participants, equipment, & playing surfaces, participating in inclement weather conditions, and other serious injuries.

In consideration for the participant's use of the Physical Education Complex and involvement in the Learn-to-Swim program, I hereby release and covenant not to sue Northeastern Illinois University, its Board of Trustees, and employees, instructors, or agents from any and all present and future claims resulting from ordinary negligence on the part of Northeastern Illinois University or others listed, for property damage, personal injury, or wrongful death arising as a result of use of the facilities or participation in this activity. I hereby waive any and all claims that may be made by me, my family, estate, and heirs resulting from ordinary negligence.

*Parent/Guardian initials: _____

2. **PHOTO RELEASE:** I understand that Northeastern Illinois University (Northeastern) may photograph or record participants in its Learn-to-Swim programs and that these images and recordings may be used in future promotion of the programs. I hereby grant the University or anyone authorized by the Northeastern nonexclusive permission to reproduce, in whole or in part, for its education, information or promotional purposes, photographs, videotapes and other media materials which may include my child's picture or image. I hereby release Northeastern from all claims and liability relating to said images. All negatives and positives, together with the prints, are owned by Northeastern. I understand that the University cannot control the use of such image once it is published.

*Parent/Guardian initials: _____

3. I, hereby authorize Northeastern Illinois University and its designated representatives to consent, on my behalf or on the behalf of the minor participant, to any medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

*Parent/Guardian initials: _____

I have read and fully understand the Program Details, Waiver and Release and Photo Release, .

Parent/Guardian (Print Name)

Signature of Participant Parent/Guardian

Date

Visit our website <http://apm.activecommunities.com/crneiu/>
or call the Neptune Hotline @ 773-442-4124.

ALL LINES MUST BE INITIALED UPON SUBMISSION!