AQUATICS: SWIM TEAM REGISTRATION

SWIM TEAM REGISTRATION

☐ I have read, understand, and agree to the cancellation/refund/transfer policies.

Returning Swimmers: Exclusively through March 9 (2024 Roster) Siblings of Returning Swimmers: Beginning March 10 New Swimmers: Beginning March 17

Payer's Name	Special Accommodations/A.D.A	
Address	Please list any medications currently being taken or describe special accommodations needed for successful inclusion into the program(s).	
City Zip		
Home Phone ()	A two week notice is required.	
Cell Phone ()		
Current E-mail Address		
Participant Gender Birth Date Age as of June 1, 2025	T-Shirt Size Age Division I.D. Number	
Registration forms can be emailed to: guestservices@bartlettparks.org. Please call 630-540-4800 to confirm receipt.	SWIM and AQUATIC PROGRAM WAIVER & RELEASE	
1.000 van 600 c 10 1000 to commin 1000pu	Your registration form cannot be processed if the waiver form below is not completed and signed.	
Cook	not completed and signed.	
Charles Charles and Carlos A Carlos and Land and Land and Land	Important Information	
Check Check refusal Fee: A \$25 fee is charged for all returned checks	The Bartlett Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Bartlett Park District continually	
Credit Card	strives to reduce such risks and insists that all participants follow safety rules and instructions that a designed to protect the participants' safety. However, participants and parents/guardians of minors	
	registering for this program must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor	
Card Type: American Express Mastercard Visa Discover	child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreen It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffere	
Card Number	illness, injury or impairment, to consult a physician before undertaking any physical activity.	
Card Holder's Name	Important Information	
Expiration CID# (3 numbers on back of card)	Swimming is intended to challenge and engage the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical	
Amount Charged \$	advice, conditioning and equipment, there is still a risk of serious injury, including drowning. Understandably, not all hazards and dangers can be foreseen. The very nature of swimming is	
Authorized Signature	hazardous and risky, including but not limited to fatigue and overexertion, poor swimming skills failing to avoid dangerous areas, horseplay, diving or cannon-balling into shallow water and	
Eather's Name	striking the bottom or side of the pool, inadequate supervision or instruction, lack of conditioni becoming disoriented, striking other swimmers, defective or inadequate equipment, striking or	
Father's Name	head on the bottom when using a diving block, slip and falls on the deck or within the locker faci	
Mother's Name	chemical exposure and all other circumstances inherent to the sport of swimming. In this regard must be recognized that it is impossible for the Bartlett Park District to guarantee absolute safe	
Did your child participate last season? ☐ Yes ☐ No	Waiver and Release of All Claims and Assumption of Risk	
Child's best stroke:	Please read this form carefully and be aware that in signing up and participating in this prograr activity, you will be expressly assuming the risk and legal liability and waiving and releasing all	
	claims for injuries, damages or loss which you or your minor child/ward might sustain as a resu of participating in any and all activities connected with and associated with this program/activ	
Parents are utilized in swim team meets as scorers, timers,	I recognize and acknowledge that there are certain risks of physical injury to participants in th	
etc. Please list the name of the parent or parents who will participate:	program/activity, 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 ha (or accrue to me or my child/ward) as a result of participating in this program/activity against t	
Name	Bartlett Park District, including its officials, agents, volunteers and employees.	
Phone number	I have read and fully understand the above important information, warning of risk, assumption of and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signat	
	shall substitute for and have the same legal effect as an original form signature.	
Photographs and videos are taken to use for promotional purposes. By		
registering for a program or utilizing a park district facility or park you	Participant's Name Signature Date	
have granted us permission to use your image for promotional purposes.	(Please Print) (18 years or older or Parent/Guardian)	